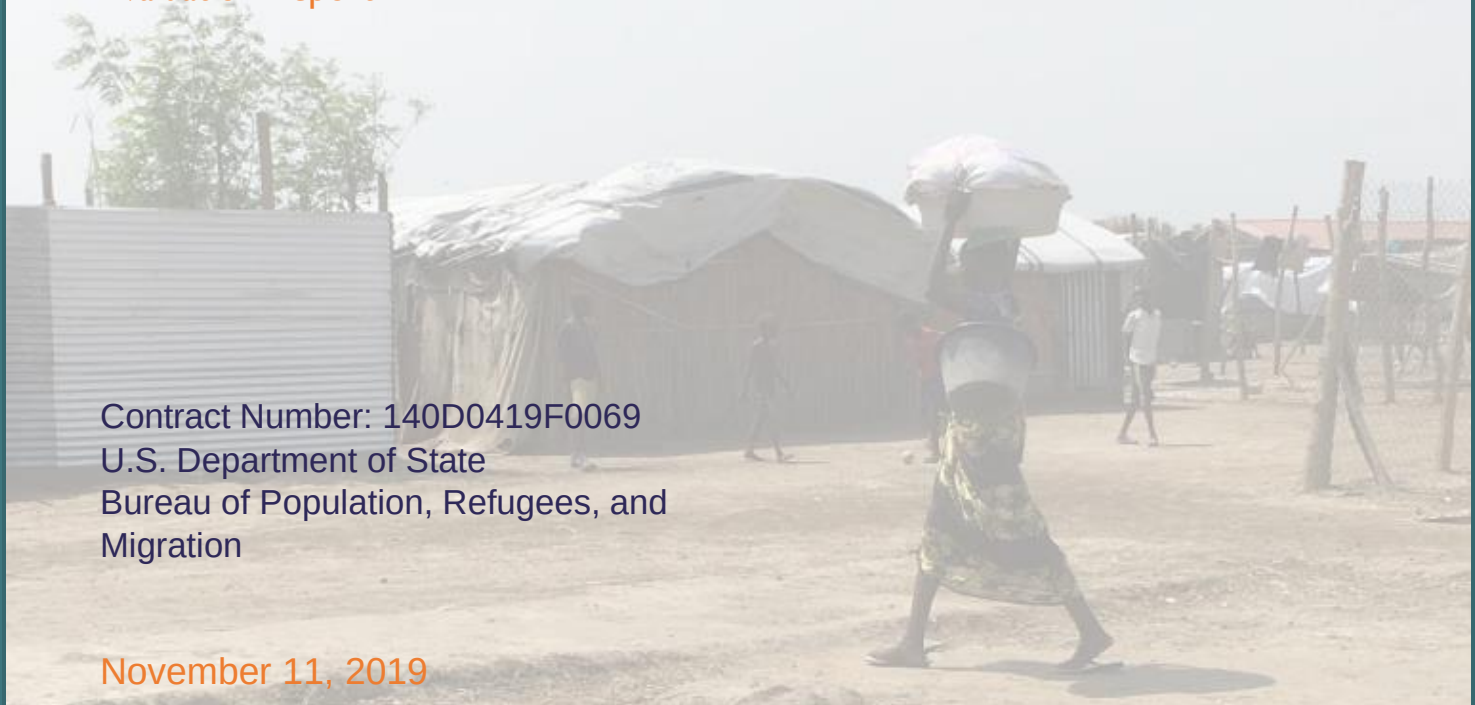
Safe from the Start Initiative Evaluation

Evaluation Report



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LIST OF ABBREVIATIONS

AoR	Area of Responsibility
CBO	Community-Based Organization
CCC	Core Commitment for Children
CCCM	Camp Coordination and Camp Management
CoP	Community of Practice
DOS	Department of State
DRC	Democratic Republic of Congo
DTM	Displacement Tracking Matrix
ED	Executive Director
EQ	Evaluation Question
FGD	Focus Group Discussion
FCRs	Findings, Conclusions, and Recommendations
GBV	Gender Based Violence
GBViE	Gender Based Violence in Emergencies
GWC	Global WASH Cluster
HQ	Headquarters
ICRC	International Committee of the Red Cross
IMC	International Medical Corps
IOM	International Organization for Migration
IDP	Internally Displaced Person
IP	Implementing Partner
IO	International Organization
IRC	International Rescue Committee
MGBViE	Managing GBV in Emergencies
M&E	Monitoring and Evaluation
MSC	Most Significant Change
NGO	Non-Governmental Organization
NRC	Norwegian Refugee Council
OFDA	Office of Foreign Disaster Assistance
OP	Operating Procedure
OPM	Office of the Prime Minister
POC	Protection of Civilian
PRM	Population, Refugees, and Migration Bureau
PRP	Policy and Resource Planning (Office in DOS/PRM)
PSEA	Protection from Sexual Exploitation and Abuse
RCM	Refugee Coordination Model
SftS	Safe from the Start Initiative
SPO	Senior Protection Officer
SASA	Start, Awareness, Support, and Action
SGBV	Sexual and Gender Based Violence
UNICEF	United Nations Children's Fund
UNHCR	United Nations High Commissioner for Refugees
UNO	United Nations Organization
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
USG	United States Government
WASH	Water, Sanitation, and Hygiene

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I. Executive Summary

A. Safe from the Start

The United States Government (USG), with its "Safe from the Start" Initiative (SftS), has led the way internationally in providing funding and technical support to reduce and address gender-based violence (GBV) in humanitarian emergencies. From 2013 to the present time, the State Department's Bureau of Population, Refugees, and Migration (DOS/PRM) has provided $95,742,992 to 16 organizations to reduce GBV and/or provide quality services for survivors at the onset of emergencies. Underlying the SftS support is a theory of change that ***quality, timely and effective responses to GBV are lifesaving and will reduce GBV incidence over time***. DOS/PRM's program strategy has supported international humanitarian agency headquarters (HQs) to lead institutional change so as to ensure that addressing GBV becomes standard organizational practice at the onset of all emergencies. SftS further supports international coordination, knowledge sharing, training and technical assistance, expert deployments, and pilot interventions.

B. Evaluation Structure

This evaluation addresses how the SftS investments are changing the international humanitarian response to GBV; and identifies ways to design, tailor, and increase their impact. Its scope was limited to: (1) the operations of four major SftS recipients – the International Medical Corps (IMC), the International Organization for Migration (IOM), United Nations Children's Fund (UNICEF), and the United Nations High Commissioner for Refugees (UNHCR); (2) interviews with headquarters' (HQ) managers; and (3) field assessments of emergency operations in two countries. To carry out the evaluation, a team of three evaluators interviewed 162 humanitarian staff in 85 individual and group interviews in Geneva, New York City, South Sudan, Uganda, and virtually. They also conducted an online survey of IMC trainees, which elicited a 46% response rate. In analyzing the data, they prioritized evidence obtained from narratives of "most significant change" (MSC) and quantified findings, where relevant and valid.

C. Key Findings

At the HQs, the four organizations institutionalized GBV according to their expertise and mandates. Following the GBV Inter-Agency Standing Committee (IASC) Guidelines supported by DOS/PRM, UNHCR drafted and is rolling out a GBV Policy; IOM adopted protection as part of its camp coordination and management responsibilities; UNICEF implemented the Guidelines in their annual work plans, sectoral frameworks, and with local partners; and IMC developed a training and mentorship program for GBV managers. All four allocated resources and established operations to address GBV at the onset of humanitarian emergencies. They also established indicators and systems for tracking and monitoring GBV risks and services. Although discretionary funding is preferred to respond quickly in emergencies, senior managers reported that earmarking GBV was critical to prioritizing these organizational changes and that the GBV experts at the onset, had proven to save cost and time for their operations.

In South Sudan and Uganda, the SftS funding supported IOM, UNHCR, and UNICEF to send GBV technical experts, who set up case management, referral pathways, and coordination at the onset of the South Sudanese conflicts. For example, the GBV experts advised Water and Sanitation (WASH) teams in establishing separate latrines with locks for men and women and providing water points in safe places. They persuaded camp managers to include women in managing food distributions and in camp governance. They advised staff on ways to reduce GBV risks in their operations and to engage women's participation. They also coordinated Sub-Clusters or Working Groups to organize referral pathways and case management guidelines across agencies. Over time the four organizations trained several hundred international, national, and local humanitarian staff to recognize, address and/or refer GBV cases.

The SftS program also financed a few pilot interventions: adult literacy, youth peer group, women's leadership and livelihoods training; production and distribution of menstrual hygiene kits and fuel-efficient stoves; solar household and community lighting; and community mobilization. Solar lighting provided safety at night; fuel-efficient stoves allowed women to spend less time collecting firewood outside camps

and settlements, where they risked abductions and rapes; and phone charging stations provided income generation opportunities for youth. Although small scale, these pilots were continued and adapted locally.

The DOS/PRM Refugee Officers monitored SftS progress, provided advice and support, and organized inter-Agency and donor coordination. DOS/PRM collaborated with the US Agency for International Development's (USAID) Office of Foreign Disaster Assistance (OFDA), which provided its own SftS support for emergency operations on the ground. The GBV Sub-Clusters and Working Groups, organized by the UN organizations, continued to coordinate referrals and services across agencies and sectors. The effectiveness and relevance of the inter-Agency coordination, as always, required leadership and collaboration. Following numerous rapes of Internally Displaced Persons (IDPs) in South Sudan, the Sub-Cluster was bypassed by some of the camp agencies and cases were referred directly to IOM and Medecins sans Frontieres. Elsewhere, inter-Agency coordination at the national level was widely appreciated.

HQ organizational changes worked to systematize GBV risk reduction and services in field operations. However, reducing intimate partner and sexual violence, reported across cultures, requires addressing systemic gender inequalities. Over time, a protracted emergency operation with the same population – IDPs in South Sudan and refugees in Uganda – also evidenced endemic risks. In South Sudan, early marriage, bride price exchanges, and cattle raiding, which reflected cultural norms, ongoing resource scarcity, and environmental degradation, increased GBV risks. In Uganda, many young South Sudanese adopted Ugandan norms and were integrated into the local communities, who in turn depended on development assistance to offset the increased strains on land, resources, and infrastructure. Young refugee women migrating to Kampala, also faced new risks and less access to services than those in rural Uganda. Thus, sustaining SftS in a protracted emergency required long term interventions (e.g., education, youth services, and livelihoods) and strategies to engage local communities and national governments. Refugee and IDP returns, despite the current dangers and desire to return, also required some guarantees of safety from GBV.

D. Major Conclusions

The SftS funding addresses a critical gap in humanitarian emergencies. Prioritizing change at HQs, the SftS support incentivized four key humanitarian organizations to take a systemic approach to incorporate GBV risk reduction and services at the onset of emergencies. Coordination was evidenced in field, national, and HQ operations. The effectiveness of coordination depended on leaders, who could work across sectors and agencies to address GBV risks and incidents. DOS/PRM Coordinators were invaluable in monitoring, and raising issues, promoting informal and professional coordination, and in collaborating with OFDA.

Organizing the "humanitarian – development nexus" early on is increasingly relevant to SftS impact and sustainability in face of costly, frequent, and protracted emergencies. Refugee and IDP settlements cannot be sustained without host government and local community support. Changes in socio-cultural practices and emergency preparedness are needed to prevent GBV in the next or cyclical, protracted emergency. From the onset, GBV experts need to organize or coordinate education, counseling, youth activities, and livelihoods support with local communities, host governments and development agencies so as to address GBV over time. A localization strategy is critical to sustaining GBV risk reduction and providing services that are tailored to the local context, go to scale, and are sustained.

E. Key Recommendations

The Evaluation Report provides 17 "updates and changes" in section VII aimed at ensuring future SftS investments will be "strategic, sustainable, and impactful." Three key recommendations are:

- Continue the USG investment strategy of supporting expertise and earmarked funding for GBV risk reduction and services at the onset of emergencies, as cost and time saving;
- Localize interventions and strategies to respond to diverse risks of refugee and internally displaced person populations in different emergencies and in rural versus urban settings; and
- Coordinate with community, youth and women's organizations, national Governments, and development agencies, as part of the humanitarian-development nexus to engage local populations at the onset of emergencies, go to scale and sustain the impact of SftS.

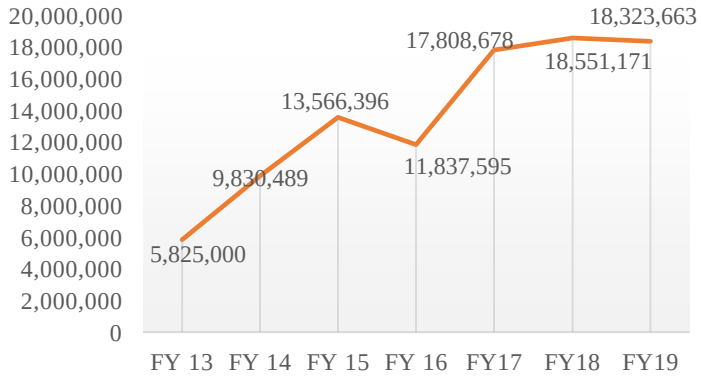
II. DESCRIPTION OF THE DOS/PRM SAFE FROM THE START INITIATIVE

From 2013 to the present time, the United States Government (USG), with its "Safe from the Start" Initiative (SftS), has led the way internationally in addressing gender-based violence (GBV) in humanitarian emergencies. Jointly implemented by the Department of State's (DOS) Bureau of Population, Refugees, and Migration (PRM) and United States Agency for International Development's (USAID) Office of Foreign Disaster Assistance (OFDA), SftS aims to reduce GBV and provide quality services for survivors from the onset of an emergency. Since its inception in 2013 to the present time, DOS/PRM has contributed $95,742,992. As this evaluation will show, although much work remains to be done to reduce and address GBV in humanitarian situations, SftS supported its implementing partners (IPs) to make significant progress in establishing the policy frameworks, the human resources, and operational procedures to address and recognize GBV at the onset of emergencies.

Underlying the SftS support is a theory of change that ***quality, timely and effective responses to GBV are lifesaving and will reduce GBV incidence over time***. To this end, DOS/PRM provides financial and technical support to international humanitarian agency headquarters (HQs) to lead policy and institutional change so that addressing GBV on-the-ground becomes standard practice from the onset of all emergencies. DOS/PRM further supports international coordination and knowledge sharing, professional expertise and training, and interventions research.

From 2013-2019, DOS/PRM supported 16 different organizations, including a few small, "Special Innovation" projects and studies (e.g., International Rescue Committee's "Preventing and Responding to Early Marriage in Crisis") with SftS funding[1]. Two frontline organizations – United Nations High Commissioner for Refugees (UNHCR) and the International Committee of the Red Cross (ICRC) – were consistently supported to address GBV each year. DOS/PRM also provided significant funding over time to the International Organization for Migration (IOM), United Nations Children's Fund (UNICEF) and the International Rescue Committee (IRC) – all which also work on the frontlines. In addition, International Medical Corps (IMC) received significant SftS funding to train GBV experts.

Figure 1: Total SftS Funding by Fiscal Year 2013-2019



Given an increased awareness of the magnitude of GBV, the funding level grew every year except in 2016 when it decreased by 13% and again this past year (2019), when it decreased slightly by 1%, as demonstrated in Figure 1. To the present time, the USG continues to provide leadership in addressing GBV in emergencies (GBViE) by committing serious resources and expertise to major humanitarian organizations. As several humanitarian managers observed, no other Government has made this level of financial commitment to this critical issue. Given the level of effort and outputs documented in just one cross-border emergency operation, described below, the program is highly cost effective. In 2017, the amount provided by SftS represented 0.07% of total humanitarian funding reported that year.[2]

[1] See list of SftS funding recipients in Annex B.

[2] Calculated from Development Initiatives (2018) Global Humanitarian Assistance, which reports total assistance in 2017 of $27.3 bn. http://devinit.org/post/global-humanitarian-assistance-report-2018/#.

III. Evaluation Purpose and Scope

SftS is designed to improve upon and build the capacity of the humanitarian system to prevent and respond to GBV. In so doing, SftS contributes to the 2018-2022 Joint Strategic Plan with USAID for DOS "*to increase responses to GBV in emergencies by supporting Non-Governmental Organizations (NGOs) and international organizations to include dedicated activities to prevent and respond to GBV"* (DOS Performance Goal 3.4.3). As the first external evaluation of SftS, this report documents the ways in which DOS/PRM's SftS investments are producing (or not) the intended changes in how the humanitarian system responds to GBV and identifies ways in which DOS/PRM can design, tailor, and increase the impact of these investments.

The evaluation scope included: (1) the SftS activities from 2013 to present (with a focus on activities from 2015 when SftS investments significantly increased); and (2) the operations of four (UNHCR, IOM, UNICEF, and IMC) of the six largest recipients of DOS funds. The evaluation was implemented in three phases: (1) a desk review and development of data collection tools (January – April, 2019); (2) fieldwork in Geneva and New York City (NYC) and two country emergency operations - South Sudan and Uganda -- selected from a list of seven countries in the Middle East and North Africa (May – July, 2019); and (3) analysis and report writing (August – October, 2019).

During the second phase, the Evaluation Team interviewed "primary beneficiaries", defined as international and national humanitarian staff implementing activities with SftS funding. The Team also met with and/or interviewed secondary beneficiaries, including refugees/IDPs, community-based organizations (CBOs), community leaders, local government officials, and other recipients of project services, in order to triangulate information. GBV survivors were never directly engaged in this evaluation although some of the refugees and IDPs who voluntarily participated in focus groups may have been survivors. However, they were not asked to (nor did they) self-report or share their personal experiences related to GBV.

In carrying out the evaluation, the Team coordinated with DOS/PRM's Office of Multilateral Coordination and External Relations, Office of Policy and Resource Planning, Humanitarian Affairs Unit in Geneva, and Regional Refugee Coordinators and their representatives for South Sudan and Uganda. The team also interviewed USAID/OFDA in Washington, D.C. and South Sudan to understand their SftS programming and coordination with DOS/PRM and what OFDA had directly supported in the South Sudan emergency operation.

The DOS/PRM SftS evaluation, responds to three Evaluation Questions (EQs):

> **EQ 1:** To what extent are DOS/PRM's SftS investments meeting their intended aims?
>
> **EQ 2:** What evidence exists, if any, that DOS/PRM's SftS investments have affected the way the humanitarian community addresses violence against women and girls in emergencies (and in what ways)?
>
> **EQ 3:** What changes or updates need to be made to ensure DOS/PRM's SftS investments are as strategic, sustainable and impactful as possible?

IV. Evaluation Structure

A. Evaluation Design

The evaluation design is primarily qualitative with a focus on evidence from stories of "most significant change" (MSC) (see Annex F). Where relevant and valid, some findings, especially those obtained from survey data, are quantified. As noted above, the scope was limited to four IPs (UNHCR, IOM, UNICEF, and IMC), two countries of operation, IP HQs in Geneva (with those not in Geneva to be covered through telephone interviews), and 50 interviews. The Evaluation Team met IMC staff in WDC and added UNICEF's HQ in NYC. The 50-interview limit proved impractical given the time and expense of fieldwork, the number of actors involved, and wide range of interventions that the four IPs addressed.

B. DATA COLLECTION

From February - May 2019, the Evaluation Team reviewed PRM/SftS reports, academic studies, and literature on GBV in emergency settings; selected the two field sites; and organized interview schedules and data collection. They held multiple telephone interviews with the four IPs to identify who should be interviewed in Geneva, virtually (e.g., UNHCR's team in Budapest) and in South Sudan and Uganda. With IMC, they developed an online, Survey Monkey questionnaire and obtained lists of all who had been trained with SftS funding. In preparation for fieldwork, Resonance also organized a security briefing for the Team.

Throughout the fieldwork, teams of two evaluators hand and audio recorded the interviews. In each instance, they obtained and recorded informed oral consent (see fieldwork schedules in Annex D). The evaluators explained that the interviewees would remain anonymous and no statement would be attributed to the interviewee unless the person explicitly asked to be cited. Interviewees were also told they could stop the recording at any time. In a few cases, a senior manager or relief worker asked to stop the recording and speak off the record. Online interviews included the same informed consent and were hand recorded. The survey was also anonymous, unless the respondent voluntarily gave his/her name (see Annex G for data collection instruments).

During the first week of May, two evaluators conducted interviews in Geneva with SftS partners' HQs. The Team first met two members of the US Mission to obtain their advice for the meetings. Over the course of the week, they interviewed UNHCR and IOM senior managers as well as the International Committee of the Red Cross's (ICRC) GBV Advisor, a senior UNICEF Water, Sanitation, and Hygiene (WASH) manager, a Norwegian Refugee Council (NRC) gender specialist, and an Area of Responsibility (AoR) GBV Cluster representative. At the end of the week in Geneva, they provided briefings of their preliminary impressions to IOM, UNHCR, and the DOS/PRM Advisor, which also served as validation exercises.

Given the SftS strategy of bringing about HQ level, institutional and organizational change, the evaluators focused on interviews with senior managers and policy makers. Since the methodology depended largely on staff self-reporting what changes (or not) had occurred within their own organizations, wherever possible, the evaluators triangulated these reports through multiple interviews and by corroborating and observing whether the HQ institutional changes had changed practices and operations in the field sites visited. The evaluators thus considered what changes were reported by each IP's HQ and how those changes were then evidenced in field operations.

From mid to late June, two team members next travelled to South Sudan. They again began fieldwork with a meeting with the DOS representative and the OFDA representative in Juba. Both evaluators visited IOM's programs and one stayed on to meet with UNICEF, UNHCR, and an NRC staff member trained by IMC, in Juba. Over a six-day period, they travelled to Bentiu, where they lived in the UN compound and held daily interviews in the camp during working days. On Sunday, they visited the surrounding communities with the IOM team. Following the Bentiu trip, the team briefed the DOS and OFDA representatives. At the end of fieldwork, the remaining team member also provided an informal debrief and Q&A with IOM, UNHCR, and UNICEF, which again served to validate preliminary observations and findings.

During the first two weeks of July, two evaluators travelled to Uganda, where they first met the DOS/PRM Refugee Coordinator, who recommended an additional IOM interview focusing on services to urban refugees in Kampala. Next, they met with the UNHCR Country Team and an IOM Project Director working with the urban refugees. Accompanied by a UNHCR Team[3], the evaluators then visited the following refugee settlements: (1) Pagirinya and Maaji 2 and 3 in Adjumani; (2) Ochea and Odobu villages in Rhino Camp in Arua; and (3) old and new settlements in Kyangwali settlement. At the end of their time in Uganda, the team provided a formal debrief of their preliminary impressions to their UNHCR Country Team and met the DOS/PRM Refugee Coordinator again.

[3] The UNHCR team included a SGBV manager from HQ Geneva, a SGBV specialist from UNHCR/Budapest, a regional SGBV specialist, the Ugandan national SGBV officer, and two UNHCR drivers.

During fieldwork in the two countries, the evaluators were participant observers. They observed and heard about examples of GBV mainstreaming across sectors, the kinds of security threats that made GBV an ongoing concern, the organization of referral pathways, and daily humanitarian and refugee activities. They conducted several interviews with groups of humanitarian workers, refugees and internally displaced person (IDP) leaders, young adults, and camp leaders/organizers.

For the young refugee/IDP adults and community leaders, the researchers used an interactive, structured group format in which participants worked in small groups to discuss their reflections and emotions associated with changes in their lives over time (past, present, and future). The small groups then prepared a graphic which they reported out to the whole assembly (key findings are shared in Figure 4). This format allowed a large number of refugees/IDP volunteers to participate in structured focus group discussions (FGDs) in small groups. In keeping with a survivor-centered approach, this format allowed them to speak about issues of conflict and violence, to construct a collective narrative about the ongoing changes they had experienced, and to raise concerns without asking anyone directly to speak about their personal trauma. The IP team members and field staff were also encouraged to participate in the small groups and engage firsthand with the youth and leaders, which everyone appreciated. After one such session in Rhino Camp in Uganda, a youth group from a community-based organization (CBO) surprised everyone with a dramatic performance enacting GBV issues in their settlement. None of the UNHCR or partner managers were forewarned about the performance and the drama was so well acted that most of the audience did not realize at first that they were witnessing a performance and wondered how best to intervene. The fieldwork and observations were documented visually and are showcased in the Photo Essay in Annex H.

During August, while analyzing the data, the evaluators realized that the interview schedule, as originally designed, meant that UNICEF's HQ's leadership would be under-represented. Since SftS funding strategy was to bring about institutional change through the senior HQ level, the team requested and was given the opportunity to spend two days at UNICEF HQ in NYC so as to address their HQ-level institutional change.

Over the course of data collection, the team interviewed 162 international organization (IO), including IP staff through 85 individual and group interviews in Geneva, NYC, South Sudan, Uganda and virtually (see Annex E). The largest number of interviews, in line with the SftS funding strategy, were with HQ staff. Locations of IO staff interviewed are shown in Figure 2. In addition to interviewing staff, the team conducted 10 interactive FGDs with 114 youth and community leaders (73% female) in South Sudan and Uganda as shown in Figure 3.

Figure 2: IO Staff Interviewees by Location

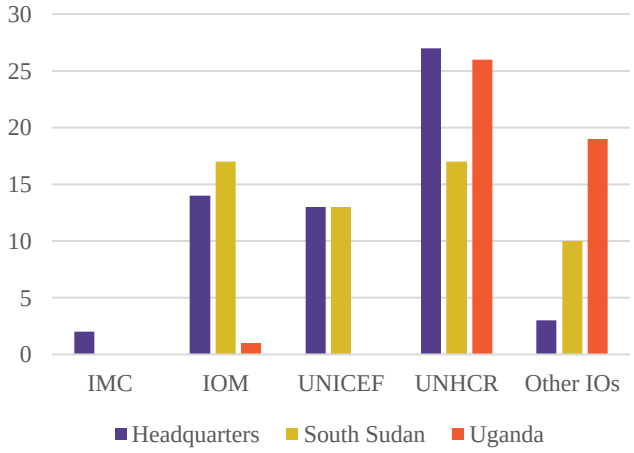
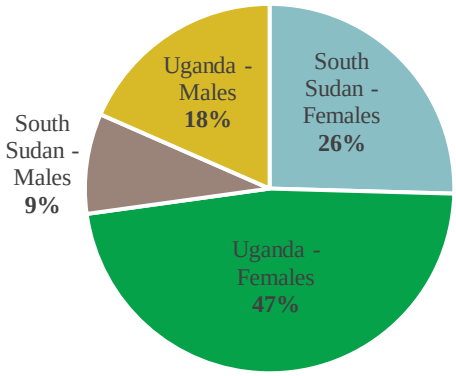


Figure 3: FGD Breakdown by Country and Sex



C. Analysis and Limitations

For the document review, the evaluators organized their analysis into a "Findings, Conclusions, and Recommendations" (FCR) Table that responded to the three EQs. From the field observations and interviews, the team compiled preliminary findings for validations with the IP teams, OFDA and DOS country representatives. The team then transcribed audio recordings, which along with written fieldnotes, they uploaded into *Dedoose*, a software program for qualitative analysis, and organized a photo bank. All transcripts were coded according to 16 recurring themes, concepts, and stories of context and significant change. From the Survey Monkey data of IMC training participants, they compiled frequencies and cross tabulations into summary tables and analyzed qualitative responses by EQ to pull out key insights, stories of change, and recommendations.

The team was unable to obtain sufficient data to construct a valid social network analysis as proposed in the preliminary design. The questions about coordination and social networks were addressed throughout the field work and survey. Coordination, as evidenced with donors, field level GBV Sub-Clusters, Working Groups, and Committee meetings, and amongst IPs in Geneva is described in the analysis. To the extent that a GBV social network exists, it may be within the academic research community and amongst international donors. The majority of IMC training participants, for example, did not report maintaining contact after the in-person training although may individually engage with one another about a range of issues. To obtain that information would require access to other resources, such as social media. Most interviewees mentioned networks within their immediate organization or field site. Networks generally in the humanitarian field, given the high turnover in these operations, are fluid. Even within the IPs, it was not always evident that people knew the full extent of each other's involvement in GBV programming. At times, the evaluation process itself provided an opportunity for field staff and managers to learn more about each other's work.

The evaluation's main limitation is the lack of generalizability about the breadth and sustainability of the institutional changes aimed at reducing GBV risks and providing quality services to survivors. Based on the time and access obtained through UNHCR, UNICEF and IOM, the team conducted fieldwork principally with South Sudanese refugees and IDPs. In South Sudan, the evaluators had access to one camp, Bentiu, and in Uganda, to three northern settlements. All sites hosted predominantly South Sudanese although two evaluators also spent a day in a Congolese refugee settlement in Uganda. By interviewing South Sudanese IDPs and refugees in camps and settlements on both sides of the border, the evaluators were able to obtain in-depth information about a particular population over one month's time. This cross-border approach also provided insights into how the experience of displacement in a protracted emergency situation had affected changes in GBV risks and practices over time and across generations. Yet, at the risk of generalizing further, it is important to remember that the majority of refugees (60%) and internally displaced (80%) do not live in camps or settlements but in cities and other urban areas.[4] From the team's single interview with an IOM manager working with urban refugees in Kampala, it was evident that those in urban settings may face different GBV risks and require different access to services and support. In the future it would be useful to assess how the SftS interventions can most effectively reach urban, refugee and internally displaced communities.

The evaluation design further limited IP selection. The ICRC, although a major IP funded by SftS given their confidentiality requirements and mandate, was not included. However, the evaluators interviewed the senior ICRC Sexual and Gender Based Violence (SGBV) Manager in Geneva to learn about their approach in addressing SGBV in their operations, which is covered in the overview. The International Rescue Committee (IRC), which received significant SftS funding for several innovative interventions, was also

[4] Park, Hans (2016). *The Power of Cities*. UNHCR Innovation Service. Since this article was written, UNHCR reports the percentage of refugees living in cities and urban areas at 61% (UNHCR Global Trends. Executive Summary. 19 June 2019). The percentage of IDPs in urban areas most likely has also increased.

not included. Some of their pilot interventions (e.g., addressing early marriage and livelihoods), however, were taken up by the IPs and reported during fieldwork in the camps and settlements and therefore, noted.

Another limitation is that DOS/PRM SftS's funding did not directly cover most of the South Sudan field operations visited. In South Sudan, the SftS funding had mainly financed the GBV specialist expertise at the onset of the emergency, a few pilot activities (e.g., an IOM women's leadership pilot), and periodic ongoing training and technical assistance. As the South Sudan USAID/OFDA representative pointed out, OFDA had financed IOM's ongoing GBV programming and operations. Even though the UNICEF team also asked the evaluators to visit South Sudan, most of SftS GBV funding only covered an initial GBV specialist and some field training and monitoring whereas the ongoing GBV protection activities are financed through regular appeals. Thus, the South Sudan fieldwork primarily provides evidence of how GBV expertise at inception, on-going attention from UNICEF and IOM HQ managers, and periodic training and follow up with field staff have led to new protection operations to prevent (or mitigate) GBV risks and ensure quality services that may be sustained through regular funding streams.[5]

Despite limitations on IP coverage, population and emergency site selection, and funding attribution, the evaluators were able to capture how HQ policy and operational changes affected a range of GBV interventions that the IPs currently employ to reduce risks and provide quality services in an emergency operation. In recommending field sites and interviews and providing input into the survey, the four IPs worked hard to showcase and ensure that their work was fully captured as well. As called for in the terms of reference, the primary focus throughout the analysis is in documenting stories of significant change and obtaining empirical evidence to address the three EQs. To respond directly to the three EQs, the report that follows is organized according to the FCR and EQ structure with "data and findings" (principally EQ1), "conclusions" (principally EQ2), and "recommendations" (EQ3).

V. Data and Findings

A. Overview of Context

GBV stems from deeply rooted gender inequalities that are present throughout different levels of society. Addressing GBV thus requires a thorough understanding of gender norms and unequal power relations that create and perpetuate this violence in a given context. In addition to the complexity in tackling these entrenched cultural norms, humanitarian organizations face serious challenges in reducing GBV risks that may be heightened in emergencies and in providing quality services for survivors. With the growing number of famines, droughts, earthquakes, flooding, civil and political unrest, and armed conflicts each year, the number of emergencies is also increasing. As reported in the literature (International Federation of Red Cross and Red Crescent 2018. World Disasters' Report[6]) and during HQ interviews, humanitarian organizations are also having to cope with significant cutbacks in funding even as the reported number of new emergencies continues to increase. The Office for the Coordination of Humanitarian Affairs (OCHA) reports that with protracted emergencies and scarce development assistance, the volume, cost, and length of humanitarian assistance has grown dramatically over the past ten years.[7] In 2018, less than 50% of those affected received humanitarian assistance. In 2019, over 134 million people in 42 countries were predicted to require such assistance[8].

In face of funding cutbacks and an acceleration in the number of emergencies, IOM and UNHCR are deploying more resources and personnel to field operations. Even with reductions in funding for ongoing

[5] It is important to note that OFDA funded the piloting of the Real Time Accountability Partnership (RTAP), the co-lead of the GBV sub-cluster and several NGOs addressing GBV in South Sudan.

[6] IFRC. (2018,) World Disasters Report. *https://media.ifrc.org/ifrc/wp-content/uploads/sites/5/2018/10/B-WDR-2018-EN-LR.pdf*

[7] Inter-agency humanitarian appeals now last an average of seven years and the size of the appeals has increased almost 400% in the past decade (https://www.unocha.org/fr/themes/humanitarian-development-nexus).

[8] Swedish International Development Agency (2019), Ongoing Humanitarian Crises https://www.sida.se/English/how-we-work/our-fields-of-work/humanitarian-aid1/ongoing-humanitarian-crises/

operations and many competing priorities, HQ managers strongly argued for continuing to earmark GBV funding to keep the issue high on the agenda. A senior IP manager in Geneva observed, "*earmarked funding around gender-based violence has allowed us to open the topic and to discuss it purposefully and intentionally, where it wouldn't have been prioritized otherwise.*" An ICRC Manager observed that GBV risks are endemic and there should be "a reverse burden of proof" (i.e., provide evidence that these incidents are not happening) for all emergency operations.

Concurrently, UNHCR senior management spoke of the need to be increasingly cost effective, sustainable and locally relevant. Senior managers reported that national Governments and local organizations, in some of the poorest countries, are being asked to take on an increased share of the humanitarian burden and in protracted emergencies, sustain support for refugee and IDP populations over time. The role of development actors and the importance of the "humanitarian-development nexus" was raised by senior managers and field staff across IPs and evidenced in field operations.

Each emergency, however, presents its own challenges, which adds another layer of complexity in standardizing systems and operations to reduce GBV risks and to guarantee that services are culturally appropriate and effective. Even two emergency operations that host similar ethnic groups – IDPs in South Sudan and refugees in Uganda – require different strategies and interventions to reduce GBV risks and provide quality services from the start. During the fieldwork in the two countries, the evaluators saw some similarities as well as significant differences due to the context, which would undoubtedly be evidenced in every operation. Given the complexities of addressing GBV risks and services, both GBV IP and local expertise at the onset were relevant to this evaluation. In the following, are findings and observations from the South Sudan and Uganda, including FGD with refugees and IDPs.

South Sudanese IDPs

The Bentiu Protection of Civilian (POC) site, which is the largest camp in South Sudan, currently has 105,000 enumerated inhabitants and has housed up to 130,000. In Bentiu traditional gender practices and norms in a protracted emergency context have intensified GBV challenges and risks. Some risks are endemic to any protracted camp situation, including: (1) a loss of livelihoods and lands resulting in household dependency on aid; (2) extreme crowding in a closed environment surrounded by hostile neighbors and often, protracted conflict; (3) lawlessness, continued insecurity, and warring gangs or militia within the camp; (4) land degradation (in Bentiu, there was flooding and erosion from an earlier drought, where reported temperatures reached 115 F degrees); and (5) general insecurity about basic needs being met (Bentiu is largely dependent on air transport for food aid and the flooding sometimes meant the flights could not land). In such contexts, assuring the protection of women and children is challenging.

Many Bentiu households are headed by women, who leave the POC to seek firewood in surrounding fields and food in local markets, which are often located in the same community that forced them to leave. Even when the UN Police accompanies a group for protection, the women are having to leave the group to go further afield to find any wood. Leaving the main roads and UN Police protection, they risk being raped, assaulted and/or robbed. In the camp, they risk violence as well. At night, warring armed gangs may prey on women, who have resources and/or salaries for the UN and rapes are common. In households, where the men have no work, women report that the enforced idleness leads to alcohol and drug abuse and increased domestic violence (see ***Box 1*** illustrating a specific case of domestic violence).

Box 1: A Case of Domestic Violence in Bentiu
A 32-year-old woman in Bentiu was referred to the health clinic because she had been so severely beaten by her husband that she had lost control and defecated and urinated all over herself. Her husband wanted a divorce and insisted on taking their six children to his new, second wife. When the young woman tried to keep the children, he beat her senselessly. A local social worker and IOM psychologist, who followed up on the case after the woman left the clinic, found her sitting with the younger, second wife, who did not want to care for another woman's six children. Both were crying. They could only listen as both young women refused to be referred for any services. The women feared if their husband found out, he would kill the first wife.

Not surprisingly, women leaders and entrepreneurs in Bentiu are ambivalent about whether they are safer in the camp or on the outside. On one hand, older married women reported that husbands could no longer beat wives without facing some consequences. Young women especially appreciated support for developing new livelihoods, access to education and health services, and increased protection from early marriages. On the other hand, several young women reported how camp conditions (even with local community policing and UN Police Patrols), and growing alcoholism, drugs, and weapons put them at increased risk of assaults and rapes. One of the most poignant moments during the interviews was when a young woman advised what one should do when faced with an attacker at night: *"First call the UN Police. If they don't come, call the local community police force. When they don't come, don't resist but go to the health center right away for a rape kit."*

Given the ongoing conflict in South Sudan, less than 5,000 young men and women reportedly have left Bentiu and returned to their villages. In so doing, those who remained reported that those who left faced ongoing risks from roaming cattle raiders, who kill, rape, and abduct women and children from other ethnic groups; early marriage; poor harvests with the severe drought and flooding; and ongoing conflict with neighboring groups. Many rural villages and towns outside Juba also have no schools or health facilities. Even though the UN and donor community are advocating for World Bank loans and development assistance for the Government to rebuild critical infrastructure to encourage returns, continuing conflict, and corruption seriously challenged the effectiveness of such assistance and the sustainability of returns.[9]

Refugees in Uganda

The protracted emergencies in Uganda pose different GBV risks and challenges in service delivery even in the same population that is now refugees rather than IDPs. Over a million displaced have crossed into Uganda from South Sudan. Uganda's refugee population of 1.4 million[10] is the largest in Africa and the third largest globally after Turkey (3.7 million) and Pakistan (1.4 million).[11] Uganda's 2006 Refugees Act and 2010 Refugees Regulations: (1) give open doors to asylum seekers irrespective of their background; (2) grant refugees relative freedom of movement and the right to seek employment, and (3) allocate a piece of land to each refugee family for their use (see ***Box 2*** summarizing Uganda's refugee policies).[12] With closing borders worldwide, Uganda's treatment of refugees may be the most generous in the world.

Box 2: Uganda's Refugee Policies
Uganda's refugee laws are among the most progressive in the world. Refugees and asylum seekers are entitled to work; have freedom of movement; and can access Ugandan social services, such as health and education (UNHCR and World Bank 2016). Ugandan believes it sets an example to the rest of the world when it comes to supporting refugees (BBC 2019).

The majority of the refugees come from South Sudan and Democratic Republic of Congo (DRC). They live in rural settlements, which have become villages and small towns. The refugees are integrated with local nearby villages and over time construct their own houses, latrines, and wells, and share some common lighting. The refugee settlements have new roads, health clinics and schools, which are shared with their local neighbors. The local population, by and large, welcomes the refugees for two reasons: (1) during Idi Amin's time in the 1970s, many Ugandans fled to and received support from Sudan; and (2) the refugees bring economic development to their area. A UNHCR staff even reported that local politicians lobbied the Ugandan government to choose their region.[13] As a local resident in a BBC interview observes, "*They also help us and we also help them."*

[9] UNHCR and the World Bank (2016) An Assessment of Uganda's Progressive Approach to Refugee Management. https://openknowledge.worldbank.org/bitstream/handle/10986/24736/An0assessment00o0refugee0management.pdf?sequence=1&isAllowed=y

[10] UNHCR (as of end of 2018) UNHCR Statistics. The World in Numbers http://popstats.unhcr.org/en/overview

[11] BBC (2019) The Displaced: Inside the African Country that Welcomes Refugees. https://www.bbc.co.uk/news/av/world-africa-49745896/the-displaced-the-african-country-that-welcomes-refugees?ocid=socialflow_twitter

[12] UNHCR/Uganda interviews and the World Bank (2016)

[13] BBC (2019)

However, the refugee settlements are not without tensions. The settlements are increasingly crowded, so each new wave of refugees receives smaller plots of land and is increasingly dependent on food subsidies. The refugees collect firewood from neighboring woods for their fuel sources. Even with new UN cooking stoves designed to decrease firewood consumption, the impact of deforestation on livelihoods is causing tensions with local villagers. In the DRC settlements, the Ebola crisis, despite strict medical surveillance in reception and transit centers, received worldwide publicity and impacted Uganda's tourist industry. As new waves of refugees from South Sudan and DRC continue to cross into Ugandan, once rural settlements are now towns and young people, foregoing food subsidies, are moving to Kampala to seek work.

Although the team primarily interviewed humanitarian workers and refugees in rural settlements, they also met with an IOM manager working with urban refugees in Kampala. The manager reported increased GBV risks in the urban population related to labor exploitation, human trafficking, and domestic violence (Box 3 provides an account of human trafficking risks witnessed in northern Uganda). Because of their residence, urban women refugees faced different barriers in obtaining legal residency to access education, primary health care, employment and social services. The IP manager reported that many refugee women work in the informal sector, live in crowded conditions and are dispersed and alone throughout Kampala. Given some of the abuse and exploitation these women may experience, she reported the need to provide ongoing psycho-social counseling and access to reproductive health services. A young refugee secondary student from a rural settlement, also reported that her sister, who had married and moved to Kampala, could find work but was less safe. Although urban refugees forego food subsidies, UNHCR through its "Urban Refugee Center" provides training to women's groups to make briquettes and set up energy kiosks in Kampala to sell their products.

Box 3: Human Trafficking Risk

When visiting the northernmost settlement in Adjumani, the evaluators witnessed a group of Somali women and children travelling through northern Uganda. They were going on through South Sudan, Sudan, and Egypt to Libya, where they hoped to cross the Mediterranean to Europe. The women and children rested outside the gates of the UNHCR offices while waiting for "transport" (a smuggler/trafficker) to take them across the border to their next destination point. Although the UNHCR staff counselled them about the dangers and risks in the journey ahead, it was to no avail. The next day they were no longer there.

As in Bentiu, South Sudanese in Uganda reported that early marriages remain an ongoing risk for young women (see in Annex F story "the Challenge of Early Marriage"). South Sudanese men cross the border to kidnap girls and young women, particularly from the Adjumani settlement, and take them back to South Sudan to marry (as recounted by local partners and secondary students). Sometimes the men then return the young wives to raise children and obtain the UN food subsidies in the settlements. The girls and women have no say and these decisions are made by fathers, other male relatives, and traditional leaders. A Ugandan woman lawyer observed:

> *The other challenge we are facing now is child marriages. They tend to go to go to South Sudan with the girl and after the marriage has taken place there, that is when they come back here. They send them there to get more cattle, and they send them back because they don't have to support them. They do so secretly, so that we don't become aware. They go and get married and by the time you realize, you find that the child has already been married off to a man. So, you only get to know that the bride price has been paid from and this couple is already wed. But the man won't come back with her, we would arrest him in Uganda.*

Early marriage (before 18 years) is unlawful in Uganda and perpetrators face fines and imprisonment. With UNHCR's support, the Ugandan Government has developed a system of mobile courts (also being tried in Bentiu) to try such cases to avoid long delays in prosecution. The courts provide some protection, mostly after the fact, for girls and young women who may not want to be married. In Kyangwali, the Ugandan Government provides a boarding school for both refugee and local young women, secondary students. There, they can take the national secondary exams, obtain a diploma, and apply to university. However, the best educated girls even risk being forced into early marriage by their families. One student reported that

her family had forced her sister, an excellent student, to leave school to marry someone they had chosen. Another reported that her family was against her attending the boarding school because she was not at home to do household chores and earn a bride price for her family. As officials in both Uganda and South Sudan observed, making dowries unlawful would go a long way towards dis-incentivizing early marriages but overturning these customs will require not only political but also cultural and religious support.[14]

Young educated refugee women, who had grown up in Ugandan refugee settlements, described how their own values and expectations had been changed by the refugee experience. One reported that her generation no longer tolerated being forced into early marriage and she would not put up with spousal abuse. In a drama, the youth portrayed a hapless husband who regards his wife as chattel but is persuaded by trained GBV community workers to apologize and treat her with respect. Although perhaps idealistic about the community workers' powers of persuasion, the young men and women portrayed how they viewed spousal abuse and relationships. Not surprisingly, a young woman in Rhino Camp during the FGD observed, "*I am too Ugandan to go back to South Sudan. The elders with their values will not accept me and they will be angry. I never lived there and am afraid that I will be an outsider there*."

The experiences of the young refugee adults and their exposure to Ugandan values and laws had a positive impact but were not necessarily accepted by their elders or relatives back in South Sudan. In both countries, issues of early marriage, the treatment of women as chattel in marriage exchanges, and risks of abduction and rape, remain in the refugee population. Although referral pathways and access to psychological counseling and rape services are in place, many women are ashamed or at further risk in seeking these services. Infrastructure, such as lighting and safe fuel sources required to keep women safe, have at best a small, local impact but ultimately require large scale infrastructure investments to keep whole communities safer and stop serious land degradation. Laws and mobile courts may provide some retribution for early marriages, but prevention will require generational changes in cultural, social and religious values to ensure that women are not valued as "cows" in marriage transactions. In both humanitarian situations, despite the deep rooted gender inequalities, the IPs have also made impressive progress in reducing risks and providing quality services as shown in the next section.

B. Contributions of Each Organization

Over the past four years, each IP developed new ways of working and interventions to address the two SftS objectives: GBV risk reduction and quality services. This section summarizes key investment aims, evidence toward achieving the objectives, and factors contributing to those achievements. The SftS aims evolved and programs were adapted over time to reflect lessons learned and new issues. In interviews with each IP, a different theme or topic dominated. For IMC, not surprisingly, it was "Training"; for IOM, "Camp Coordination and Camp Management: (CCCM), for UNHCR, the "Onset" of emergencies; and for UNICEF, reflecting that much of their work is

[14] These exchanges were referred to as dowries but are technically "bride prices" in which the bride's family would receive income usually in the form of cattle from the men's family. This exchange made divorces quite costly as the bride's family is expected to return the cattle and/or other capital exchanged.

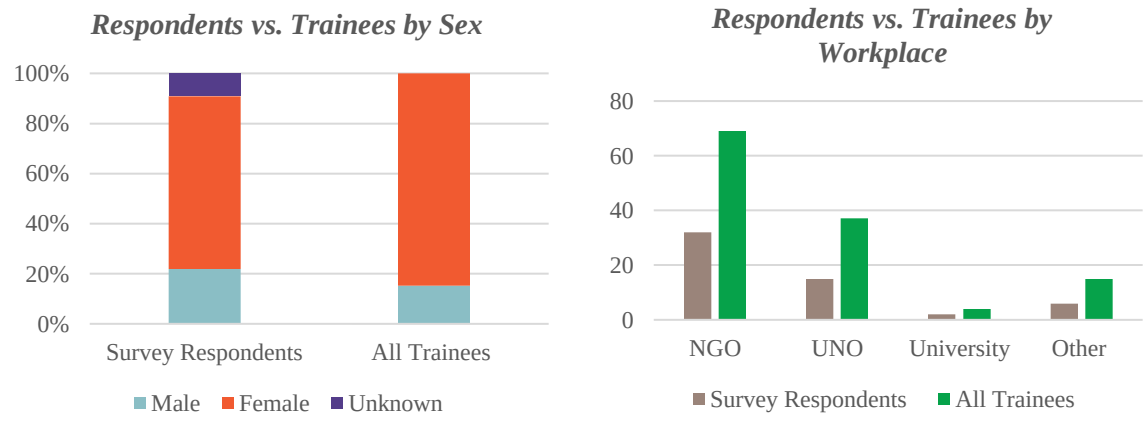
through international and local NGOs, "Funding". Figure 4 captures the most prevalent discussion topics across the four IPs (with size indicating frequency).

International Medical Corps

IMC received 4% of total SftS funding during the years: 2014, 2016, 2018, and 2019. IMC's aim throughout was to: *Increase and strengthen the number, capacity and support of GBV specialists for emergency programs* through its "Managing GBV in Emergencies (MGBViE) Learning Program" that consists of: (1) an e-learning course; (2) in-person training; and (3) formal mentorship.

IMC trained 125 people through its in-person programs conducted in Kenya, Jordan, Thailand, Lebanon and Uganda, from which some 50% enrolled in the mentorship program. As of February 2019, 250 people joined their "GBV Area of Responsibility Community of Practice" (AoR CoP). Through an online survey, participants provided feedback on the in-person training. Of 125 trained, the survey reached 120 participants. A total of 55 individuals, representing a response rate of 46%, completed the survey. In comparing respondents to the total population, the sex and workplace distributions, as shown in Figure 5, are sufficiently comparable to generalize about the total population. The typical respondent is a 33-year old (average age) woman, who works for an NGO or UN Organization (UNO), as a humanitarian worker and/or GBV specialist (additional figures summarizing the survey results are presented in Annex C).

Figure 5: Comparability of Survey Respondents



Of survey respondents, 91% (including 100% of male respondents) applied for in-person training to gain knowledge; 22% for personal or career advancement; and 15% were referred by humanitarian/development practitioners. One respondent wrote, *"I was also looking forward to interact with participants from other regions and exchange good practices, lessons learned regarding the GBV programming."*

In applying the training, 65% reported that they used it directly in their work and 33%, indirectly. Only 2% wrote that the training had no relevance. Respondents from UN agencies were most likely to report direct relevance. As one respondent wrote, "*I have used the MGBViE training knowledge to train the Protection Team and create a more professional workforce dedicated to GBV programming. The training helps me to guide our Senior Management team in reviewing project indicators and setting clear GBV prevention and response objectives."*

The respondents differed about whether and how the training helped them to address GBV: 56% said they experienced a personal change, 44% described an organizational change, and 29%, a change in their emergency procedures. In addition, 18% reported some change, 9% a change in mainstreaming, and 2%, no change. As one respondent wrote, *"My organization has always been providing services in emergency settings. The training really helped us in improving our technical expertise and the importance of coordination in terms of working with both GBV and non-GBV partners.*" Ironically, when asked, neither

IOM nor UNHCR GBV managers and field staff knew about IMC's training but told about their own internal organization's GBV training.

When asked to describe their overall experience with the full program, including in-person training, mentorship, and other aspects, 83% of MGBViE participants reported positively. One respondent wrote that the in-person training was *"one of the biggest stepping stones for me as a young professional, I got to ask questions and not feel dumb about it, or like my superiors would negate me. It was a safe environment to have candid conversations and real time trouble shooting for the issues we have had in our jobs and in the field."* Of the 17% who reported not having a positive experience, one wrote about barriers in the mentoring and CoP phases of the program: *"I was not active on the mentorship program, and AoR community of practice due to a) my mentor was not always available due to frequent travel to fields and other programmatic pressing issues and, b) sometimes connection problems."*

When asked how the training program affected their careers, one respondent wrote that *"it has made me more marketable, but more importantly it has allowed me to think more critically about integrated programming and ensure that in all spaces in which I have worked and will continue to work, have elements of GBV prevention and response mechanisms.* Overall, 60% recorded that the training had some effect on their career, 30% that it helped in obtaining a promotion, and 10%, that it had no effect. GBV specialists and medical professionals from UNOs (versus NGOs), were most likely to report promotions.

As called for in the SftS aims, IMC increased the number, capacity and support for GBV specialists for emergency programs. IMC managers reported that the sustained, earmarked funding and dedicated staff allowed them to develop a multi-phase training program to support the trained practitioners over time. For best practices within IMC's SftS program see ***Box 4*** below.

Box 4: IMC Catalyst for Significant Change
Of the three MGBViE training program components, the ***intensive, in-person*** *training provided participants with the opportunity to learn and apply the knowledge to their organizations while also advancing their careers.*

International Organization for Migration

Beginning in 2015 through the present time, IOM received 12% of total SftS funding. IOM's aims for its SftS funding were to: (1) improve prevention of GBV-related risks in camp-like settings through CCCM; (2) strengthen institutional capacity and practices; and (3) promote more predictable and systematic actions to address GBV risks and sexual exploitation and abuse.

To address GBV effectively, IOM recognized that protection needed to be part of their core operations. GBV protection thus became part of standard operating procedures (OPs) in setting up CCCM and sector services. To mainstream GBV across sectors, IOM created the "Institutional Framework on Addressing GBV in Crises", based on the IASC guidelines. Following consultations with over 200 staff and partners, the IOM through its Framework, specified actions that each sector must take to prevent, respond to, and mitigate GBV. As part of CCCM and WASH, for example, men's and women's latrines are separated and women and girls' safe spaces created. In the Bentiu POC in South Sudan, IOM also works in the surrounding communities and has trained local government and other national staff on GBV mainstreaming. As one IOM field manager observed:

> *I was talking with a national staff and realized that she has a good understanding of how things should be done. I dug a bit deeper and found that she actually participated in one of the first [GBV] trainings. I realized that she was really good at distribution, in separating the lines and then the items.*

IOM managers reported that training is critical for ensuring GBV is mainstreamed and addressed across emergency operations. As an organization, IOM has led the way in integrating GBV into CCCM specific curriculum, shelter design. and food distribution.

IOM HQ has also trained field staff to report on indicators through its Displacement Tracking Matrix (DTM) to flag GBV risks so as to intervene to prevent or mitigate the risks. For example, a community

likely to face increased risk would have a high number of women and children and no nearby water points. By collecting and tracking such data, they are able to intervene by sending a WASH team to drill boreholes.

In the humanitarian community, IOM has led in prioritizing protection from sexual exploitation and abuse (PSEA) and incorporated PSEA in its training. HQ and field personnel reported that PSEA is an organizational priority and mechanisms are in place to investigate and address violations. IOM also actively participates in the IASC PSEA working group. In Bentiu, IOM established a community complaints mechanism, which a few people had used to report potential SEA incidents.

IOM field staff, however, are concerned about how reported incidents sent to HQ for investigation are handled. Once an incident is reported, there is little to no follow-on communication with the field. An international field worker observed, "the alleged perpetrator could continue the violations and we can't do anything to stop it." The staff further observed that there is still little to no capacity to handle these cases in the field while a case is under investigation. In Geneva, GBV and PSEA teams reported that even though they personally collaborate, both for privacy reasons and given different funding streams, GBV and PSEA desks are siloed in HQ operations.

As evidenced in Bentiu, IOM sends GBV Rapid Response Advisors to CCCM clusters to provide technical expertise at the onset of emergencies. The advisors help to set up and coordinate the GBV Sub-Cluster, implement GBV site planning guidelines, and create case management systems and referral pathways. The GBV Sub-Clusters in turn coordinate humanitarian staff across agencies to collaborate on preventing, responding to and mitigating GBV in national or specific operations. As an IOM shelter worker reported, *"we worked with the GBV Sub-Cluster to contextualize the Inter-agency Standing Committee guidelines to distribute to all members of the cluster"*. However, some IOM staff found that GBV Sub-Cluster meetings took too much time away from their ongoing work both in the POC and surrounding communities.

In Bentiu, the IOM CCCM is implementing the IASC case management guidelines and referral pathways. A psychologist trains local field staff to identify and refer cases both from the camp and surrounding communities. The CCCM humanitarian staff are proud of the protection desks they have established in each of the five POC sectors, where sensitive complaints may be deposited by letter or in person. The desks receive complaints ranging from flooding in latrines and food distribution allowances to rape incidents and spousal abuse. As noted earlier, a few PSEA complaints are lodged through this mechanism. IOM CCCM local staff are trained to refer the complainant to the appropriate service. As one CCCM manager notes for GBV cases, we *"know to stop the discussion immediately and refer them to the appropriate services."* Once a case is identified, depending on the case and appropriate referral pathways, other agencies (e.g., United Nations Population Fund (UNFPA), IRC, MSF, Nonviolent Peaceforce, and CBOs) are involved,. Since IOM has dedicated psycho-social and mental health professionals and clinics, they handle a large number of GBV cases.

The GBV Sub-Cluster also plays a role in coordinating humanitarian actors to handle such cases. However, the Sub-Cluster's relevance and functionality varies across different contexts and locations within South Sudan. In Juba, the Sub-Cluster Coordinator, and the UNICEF GBV advisor confirmed, there is good coordination with a range of partners: UNOs, Government, international and local NGO/CBOs. In Bentiu, the Sub-Cluster Lead complained of being by-passed by MSF medical staff, who did not participate in the Sub-Cluster, when a series of rapes occurred with women collecting firewood (see ***Box 5*** on the next page outlining the rape incidents). Some partners operate in isolation or without coordinating with or through the sub-cluster - a process that, in and of itself, may be problematic.[15]

In Kampala, IOM and UNHCR co-lead a Working Group. They have organized an urban refugee referral pathway that is coordinated with local NGOs and the Ugandan national health system. IOM trains local

[15] Recorded by OFDA GBV Coordinator (2019).

first responders – men and women - providing psychological first aid by making referrals to national health providers and engage the community to refer GBV cases through dialogue and awareness raising activities.

Box 5: Rape Incidents in Bentiu

When a number of women were raped while collecting firewood in November 2018, IOM and other camp agencies referred the women needing services directly to Medecins Sans Frontieres (MSF). Reportedly angry and frustrated by inaction and as the rapes continued, MSF without consulting or participating in the GBV Sub-Cluster publicized the situation in the international and local press. The South Sudanese Government responded by kicking MSF staff out of the country for several months. In recounting the "rape crisis" story during the Sub-Cluster meeting, the lead complained that since they were completely by-passed by MSF, s/he was unable to enforce press guidelines to protect the women from international and local press inquiries. During the same GBV Sub-Cluster meeting, a new young male humanitarian worker, who attended the meeting complained about the amount of jargon being used during the meeting. The IOM representative to the Sub-Cluster brought the team to the meeting but had too much work and left at the beginning. The meeting, attended by two local staff, two international ones, and the evaluation team lasted over 90 minutes during which the Sub-Cluster lead reviewed the earlier rape incident and prompted local staff to report on their activities.

In South Sudan, IOM has piloted three GBV-related interventions: (1) a women's participation project; (2) livelihood training and support; and (3) support for disabled women. The women's participation project aims to increase the number of women in camp management. Several women FGD participants in Bentiu cited the importance of seeing women in leadership positions within the camp and as staff in humanitarian organizations. One IDP even mentioned how much it meant to her that an international (Japanese) woman was in charge of the POC.

IOM had supported a livelihood venture organized by a young woman, who buys large sacks of charcoal at the camp gates from outside suppliers from Sudan. She divides the supplies into small quantities to sell in the camp thereby, providing a safer alternative for women to obtain firewood. IOM had also supported other ventures including a beauty salon, tailoring shop, embroidery/knitting cooperative, bakery and restaurant (see Annex F story "Livelihoods in Bentiu"). Several women owners said that they pool a share of their proceeds to help less fortunate households. IOM reported that they had not advised this approach but the South Sudanese themselves explained that it is a common cultural practice.

During the FGD with the venture owners, several women were concerned about not being able to obtain formal employment because they lacked national IDs that could only be accessed in Juba. Paying the transport to Juba was too costly for them. Several asked the IOM CCCM staff member to intervene with the Unity State authorities to allow them to obtain national IDs locally. The CCCM staff member advised the women to take it upon themselves to bring this issue up directly not only with our evaluation team but all government and international visitors coming to the POC. The women took her advice and subsequently, the evaluation team learned that the women now obtain their IDs through the State office.

As part of mainstreaming, IOM's WASH team incorporates GBV interventions within the POC and in surrounding communities. In the POC, they had set up lights around and locks on latrines. Outside the camp, they organize female and male discussion groups to determine bore hole placement. They conduct safety audits, elicit community input, and form local water management committees with a majority of women participants. IOM HQ had also created a Pocket Guide on "*How to support survivors of GBV when a GBV actor is not available in your area"*, which is used by staff and partners.

In Bentiu, IOM had established an adult literacy program for women, a community study center, and library. The center is well used by young men and women studying to further their education and/or take a next level examination. During the FGDs, both women and men spoke of the importance of education and livelihoods for their futures. Several observed that they will not have the same opportunities in their villages.

IOM HQ and field staff frankly report the barriers they face in maintaining their GBV expertise and capacity as a projectized organization that depends on year-on funding to sustain their operations. Along with the

uncertainty, they report concerns around staff burn out, short-term contracts, and attrition (see ***Box 6*** for one of several staff members reflecting on high turnover).

Box 6: High Turnover in Programs
"We have understood over time that there is a lot of turnover everywhere. On our side, with local partners and governments, there is a constant change. So, it is very hard to sustain what we do because every time there is a new person. And on one of the steps along the way, there is someone who was changed, and may break the links that were created. That is true for much of our work, but GBV is one of the programs where we realized that more."

IOM staff also reported gender disparities in hiring in certain sectors with men being under-represented in GBV Protection. In contrast, women are very under-represented across organizations and in most other sectors. A woman civil engineer in WASH observed that her hiring was a breakthrough and she, in turn, is trying to hire local women. Nevertheless, she warned, "*I think part of it, too. is that WASH jobs and Shelter jobs are usually engineers and we still have limited representation among women in STEM more generally."* The majority of IOM's local field staff in CCCM, WASH and other sectors are men with the exception of the cleaners and housekeepers for the UN quarters. These gender disparities in humanitarian operations are not specific to IOM but cited across organizations. The IDP women in the adult literacy program observed that their lack of education had created barriers to accessing local staff posts. A UNICEF nutrition manager in Bentiu advised dropping education requirements and providing on-the-job training to open up more opportunities for women. However, being hired as local staff entails risks that some women may not want to take on. An IOM staff member reported that local workers can be robbed on paydays in the POC and they were seeking other ways to pay staff (e.g., opening bank accounts in Juba).

IOM's operations in the POC provide strong evidence that the agency had improved prevention of GBV risks through CCCM. Through mainstreaming GBV prevention in the WASH, shelter, food distribution, livelihoods, and education sectors, and in developing referral pathways and counseling, they strengthened their institutional capacity and practices to address GBV. Through training and the DTM they developed more predictable ways to address GBV risks and abuse. However, systematizing and sustaining these changes may be challenging given projectized funding and short term contract.

Contributing factors (cited by HQ and Field managers) that allowed IOM to meet its intended aims include: protection as part of the CCCM operations; earmarked funding; dedicated expertise with the requisite authority (P4 posts) to address GBV issues at the onset; the IOM Framework; senior HQ and field leadership buy-in and support; and GBV AoR and partner coordination. To this list, the evaluators would add, "very dedicated and hardworking field managers and humanitarian workers." For the "Catalysts for Significant Change" within IOM's programs see ***Box 7*** below.

Box 7 : IOM Catalysts for Significant Change
Institutionalizing protection in CCCM's core operating procedures resulted in camp and camp-like settings being set up and managed in a way that prevents and mitigates risk to women and girls at the onset and throughout an emergency. Institutionalizing protection in CCCM led to greater community engagement and camps being safer and more effective.

Creating a Framework was critical in ensuring technical sector managers and staff integrated GBV in sectoral programming. Articulating IOM's approach and operational response provided essential tools that led to a more systematic and coherent response to GBV in emergencies. For example, safety audits are deemed an essential action that non-specialized interventions must incorporate into programming to mitigate risk.

Incorporating gender indicators into the DTM allowed IOM to prevent and mitigate GBV risk by identifying vulnerable communities in advance and taking proactive, concrete actions to ensure their safety.

United Nations High Commissioner for Refugees

From the beginning of SftS in 2013 through the present time, UNHCR received 32% of total SftS funding. From 2013-15, UNHCR's aims were grouped into four overarching goals: 1) The Right People, 2) The Right Programme, 3) The Right Tools and Mechanisms, and 4) Research and Innovation. In 2016, the aims were elaborated to: (1) build an evidence base for programming to address SGBV; (2) sustain impact by expanding and systematizing staff expertise to address SGBV; (3) address old challenges in new ways through multi-sectoral SGBV programming ; and (4) institutionalize SGBV prevention and response. From 2017-2018, UNHCR's SftS objectives were refined to: (1) build an agency-wide accountability model through which staff across all sectors are held responsible to prevent and/or respond to SGBV; (2) expand and standardize SGBV prevention, risk mitigation, and response actions throughout operations and improve SGBV results-based management across all sectors; and (3) strengthen expert technical advice and leadership on GBV at the field level, across sectors, and among partners. In turn, UNHCR developed four programming streams to achieve these aims: (1) case management and information; (2) six-month emergency deployments; (3) mainstreaming across sectors; and (4) multi-sectoral pilot projects.

With senior leadership support, UNHCR is developing a new "SGBV Policy on Prevention, Risk Mitigation, and Response" and holding numerous agency-wide consultations. The "Policy" mainstreams SGBV risk reduction and prioritizes service provision as part of emergency programming. UNHCR staff are developing a communication plan to roll out the eventual Policy. Sexual and Gender Based Violence (SGBV) is integrated into other institutional documents: the Education Strategy, Master Planning Document, and the 2020-2021 Planning Instructions. UNHCR Senior Leadership has launched "The Reflective Leadership Dialogue", an initiative to address staff behaviors and attitudes around gender and SGBV and to drive socio-cultural, organizational change. The initiative is also being disseminated to the field. That initiative came about following research funded by PRM's SftS on organizational behavior and attitudes around SGBV. Senior leadership support to address SGBV is further evidenced through the increase in the hiring of dedicated SGBV staff.

UNHCR requires all Protection Staff to undertake the "Certification Programme on International Protection" and their SGBV e-learning training package is mandatory for all staff. As evidenced in Uganda, UNHCR also prioritizes training and capacity building with implementing and operational field partners. As a protection staff member in a partner organization in Uganda observed, "*As a protection partner, some of our [local] staff received SGBV training from Safe from the Start. We started with pilots in certain villages, then all the villages we work in wanted similar services and then the community structures. We could pull on our GBV trained staff, but we needed more staff with capacity. So then even the non-recruited protection staff asked for training. This is how I piqued interest in SGBV and was able to specialize.*"

UNHCR has sent roving SGBV experts at the inception in over 90% of emergencies. The experts provide leadership, technical support, and coordination. They also help develop SGBV National Action Plans. By being at the P4 level, the experts have authority to work with the leadership to integrate SGBV. A Senior Protection Officer (SPO) reported that when "*the senior officers arrive to an operation they actually advocate for putting in place sustained staffing, which for us is kind of the ingredient to make sure there's better programming...to be able to increase and sustain capacity quite an important change and it is sustained over time.*" SPO deployments are one aspect of staff support to the field. In Uganda, a dedicated and passionate team of both SGBV specialists and non-specialists works with partners and Government to ensure SGBV is prioritized and mainstreamed throughout all operations.

To monitor progress, a standardized monitoring and evaluation (M&E) system with up to 48 indicators (as relevant to the operation) was established to measure if and how a roving SPO increases efficiency and SGBV programming coverage. UNHCR staff report that all SGBV programs are assessed at the beginning of deployment at the onset of an emergency and after six months. The M&E instrument lays out a plan of action and set of activities for the SGBV experts to implement at each point. Although providing a clear plan of action, the instrument may not be a discriminatory monitoring tool; particularly as, there may be

some self-reporting bias as staff in South Sudan and Uganda report 100% success and sustainability on every indicator.

Box 8: Ensuring a Commitment to Survivors
A UNHCR senior leader observed: "we have to make sure that there's a balance in how much we spend on ourselves and improving our own structural capacity and how much we actually spend on GBV programming. We have constantly tried within our own discussions internally to maintain a balance of discussion and continued recognition of the fact that the ability, the extent to which we are able to continue to do decent GBV programming is the way that we demonstrate our commitment to the survivors and we cannot let that suffer at the expense of a massive investment in PSEA."

As part of the Refugee Coordination Model (RCM), UNHCR leads and coordinates the SGBV Working Groups in Uganda. In Adjumani, UNHCR staff report that, given staff shortages, they merged the Child Protection and SGBV Working Groups.

UNHCR addresses PSEA through training, awareness raising, and with its partners. They report that they are also improving their investigative capacity. Internally, the managers call for increased agency accountability with full HQ investigations and disciplinary actions for violations. A Senior Manager also observed that PSEA should not compete with SGBV actions and advised that, *"If you look at the impact on persons of concern you can't separate [PSEA] all that from your SGBV capacity because your GBV programming capacity is what responds to the actual concrete needs of survivors"* (see ***Box 8*** outlining the relationship of PSEA to SGBV in relation to survivors).

UNHCR established SGBV case management and referral guidelines for operations. The Inter Agency GBV Case Management Guidelines, to which UNHCR contributed, are used to train staff, other IPs, Government, and local organizations in effective case management and referral pathways. UNHCR staff reported a marked increase in people reporting SGBV cases after those services were in place. UNHCR staff are also working to harmonize reporting forms and procedures and track incidence data through the Gender-based Violence Information Management System (GBViMS). The sectors, IPs, and local partners input data. In Uganda, field staff observed that the GBViMS are useful for tracking progress in addressing SGBV effectively; however, persuading partners, particularly organizations not receiving funding from UNHCR or who work with sensitive cases, to input their data into the GBVIMS, is difficult.

UNHCR held national and regional workshops to train sector staff in mainstreaming SGBV risk mitigation, referrals and safe disclosure. The workshops resulted in "SGBV National Action Plans:. In Uganda, UNHCR created a national five-year SGBV strategy and included SGBV as part of its overall "Protection and Solutions" Strategy. In the WASH sector in Uganda, UNHCR and its partners work with the communities to determine needs and infrastructure. WASH teams segregate communal latrines, locate water collection points close to households, and establish water committees with 50% representation of women to care and maintain facilities. Using similar community engagement methods, they placed solar community and household level lighting around key community-identified "hot spots" for SGBV risk. Both refugees and humanitarian staff cited solar community and household level lighting as highly successful for stopping criminality and mitigating SGBV risk. In Arua's Rhino Camp settlement, youth were trained to maintain solar mobile charging stations (which provide income generation) and to repair solar lights. In all settlements visited with solar community and household level lighting, refugees and staff report the need for more lighting (see ***Box 9*** for discussion of GBV mainstreaming in the energy sector).

Box 9: Mainstreaming SGBV into Energy
The Ugandan national action plan focuses on SGBV risks identified in energy (e.g., cooking), outdoor lighting, household lighting and shelter materials. One IP manager explained, "increasing access to energy, has a direct bearing on risk prevention for SGBV because it is primarily women and children that are responsible for collection of firewood and the preparation of food." Employing a social enterprise model, UNHCR seeks to reduce demand on charcoal or firewood energy while building the skills of women refugees to make and sell slow-cooking ovens.

In Kyangwali, UNHCR is implementing a mainstreaming project that combines menstrual hygiene support and knowledge with livelihoods. They provided support for women and girls to learn from a local tailor how to produce and sell re-usable sanitary pads. Menstrual hygiene increased girls' school attendance schools and was promoted through school SGBV clubs and awareness raising activities. To provide services, UNHCR coordinates through its implementing partners with the Ugandan Office of the Prime Minister (OPM), Ministry of Health and district health systems. A joint "Choose Community Health Extension Work Strategy" was developed. UNHCR then provided training to health extension workers on addressing gender-specific needs, conducting community outreach, making referrals to SGBV services, and facilitating community dialogue around prevention and risk reduction.

Through a pilot project, UNHCR established solar community and household lighting and provided streetlights and mobile charging stations to mitigate the risks of SGBV in several refugee settlements in high risk locations. Another pilot, Youth Pyramids, was developed to engage youth to prevent and mitigate risks through awareness raising and dialogue activities and creation of safe spaces. At least two pilots evolved into full-fledged youth CBOs after funding and support from UNHCR and its partners ceased. In Arua's Rhino Camp, young adults formed their own CBO, the Youth Social Advocacy Team, which provides programs in the arts combined with sensitization (see Annex F story "Youth Engagement in GBV Prevention Through Drama"). Elsewhere, young adults turned solar lights into an enterprise, where they provide a charging station and alcohol-free recreation space for watching sports matches and other entertainment. Youth representatives from the Bidibidi settlement reported creating drama groups to raise awareness of SGBV risks within their community and to provide a space for expression. Thus, these initial pilots were further developed and sustained.

UNHCR adapted the Start, Awareness, Support, and Action (SASA)[16] methodology, a Ugandan, community-based approach originally developed for HIV/AIDS prevention, for SGBV prevention.[17] A SftS-funded, SPO advocated for the SASA methodology to address root causes of SGBV. Other SftS partners -- IRC, UNICEF, and their implementing partners – also employ community-based protection models to address different aspects of SGBV prevention (see ***Box 10***).

Box 10: Community Prevention Models
In addition to the SASA approach in Uganda, IRC and partners have piloted community-based programs for : (1) "Engaging Men Through Accountable Practice"[1]; Economic and Social Empowerment[1]; and Compass[1]. UNICEF is implementing a Communities of Care project (discussed below in the UNICEF section).

Start, the first phase of SASA, requires taking time to understand a community's culture and perceptions; Awareness, the second phase, involves influencing or changing community attitudes and social norms; Support, the third phase, builds skills in the community to discuss issues of violence; and Action, the fourth phase, takes the community through different options for action. In Uganda, SASA is core to UNHCR's SGBV long-term prevention strategy. Most protection partners have been trained and are implementing the phases. As one partner observes, *"We are continuing to implement SASA which we find it very useful. It has helped us to be able to create awareness and empower the community to take the lead in SGBV prevention and response"*.

In Uganda, UNHCR supported mobile courts, which were established through the Ugandan legal system to increase local access to justice. However, they are resource intensive and limited in scope. UNHCR with its partners highlighted the collaboration between the OPM and Ugandan court system that led to the mobile courts being available for the refugee settlements. UNHCR staff observed the need for effective local collaboration and a consistent, well trained magistrate to follow through the cases.

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16 Raising Voice's: Preventing Violence Against Women and Children. SASA! http://raisingvoices.org/sasa/

17 Journal of the International AIDS Society (2014). *The Impact of SASA!, A community Mobilization Intervention, on Reported HIV-Related Risk Behaviors and Relationship Dynamics in Kampala, Uganda.* 17(1):19232 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4223282

As IOM, UNHCR staff reported burnout and attrition as barriers to sustaining effective mainstreaming. Some SGBV managers are concerned that there may be a lack of career progression with this expertise. They are also concerned about merging the SGBV functions with child protection (as very different issues). As IOM, UNHCR staff reported a gender imbalance in SGBV SPOs and that men above the P3 level are not yet working on these issues. Senior management and staff further argue for continued earmarked funding to keep SGBV prevention and risk mitigation prioritized at the onset of emeregncies.

The development and sustainability of UNHCR's SftS programming in Uganda, a protracted emergency, responds to the evolution of its SftS aims over time. Beginning in 2013-15, with the four overarching goals, UNHCR worked hard to put the "right people, programs, tools and mechanisms, and research and innovation" in place. That they did so is evidenced by the sustainability of programs, tools, and innovations and the continuing commitment of one of the original SGBV SPOs, who accompanied the team to learn how her original work had evolved. In 2016, the aims focused on developing an evidence base and piloting and institutionalizing SGBV. These aims have been implemented at HQ and in Uganda and South Sudan. From 2017-18, the SftS aims prioritized on agency-wide accountability, as evidenced by the proposed Policy, increased attention to PSEA, and UNHCR's organizational change initiative. The second aim during this period was to expand and standardize SGBV prevention and response and improve SGBV results-based management across sectors. Although this aim cannot be verified with two country operations, that commitment is expressed. The third aim, to strengthen GBV technical advice and leadership in the field across sectors and partners, is well evidenced in interviews across all three locations. UNHCR's programming also reflect the value of a holistic and comprehensive approach to integrating prevention, risk mitigation, and response. As evidenced in Uganda, this approach to integrating SGBV led to achieving and sustaining UNHCR's SGBV aims.

UNHCR reported that they were able to address these evolving aims through earmarked funding, dedicated expertise with P4 seniority; senior leadership support; organizational capacity building; and a robust M&E system. For UNHCR with its Protection Mandate, the achievement of an organizational Policy is key. As one of their leadership team observed:

> *The pinnacle of success, one of the main accomplishments is having the SGBV Policy. There are very few policies in UNHCR, and a policy means that it's mandatory. Mandatory compliance. So, this was huge that we got to write a policy on sexual and gender-based violence, basically outlining our theory of change and putting in 10 minimum actions in this policy.*

For the catalysts within UNHCR's programs see ***Box 11*** below.

Box 11: UNHCR Catalysts for Significant Change
SPO deployments led to a coordinated SGBV response and integrated, comprehensive SGBV National Action Plans such as Uganda's five-year strategy.

Creating an organizational SGBV Policy brought increased awareness of SGBV among staff consulted and garnered increased leadership buy-in and support. Once approved, the Policy will ensure that UNHCR continues to prioritize SGBV in all its emergency operations.

United Nations Children's Fund

Since 2015 until the present time, UNICEF received 9% of the total SftS funding. During its first two years of SftS funding (2015-16), UNICEF's aim was to operationalize an *"Implementation Strategy for the Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery*." Specifically, all GBV humanitarian programming was implemented according to the Guidelines and their implementation, monitored. In the third and fourth years (2017-2018), UNICEF's aims were to: (1) provide technical assistance to enhance the humanitarian system's capacity and expertise for GBV prevention and risk mitigation; (2) leverage partnerships to

operationalize the GBV Guidelines; and (3) innovate and test new tools to promote uptake of the GBV Guidelines (see ***Box 12*** outlining UNICEF's SftS responsibilities on the next page).

Box 12: UNICEF SftS Responsibilities
Through the SftS support, UNICEF has responsibility for ensuring that: (1) humanitarian actors at the individual, sector and agency level have increased accountability to address GBV, both in practice and through structures; (2) humanitarian personnel across all response sectors apply, adapt and institutionalize GBV prevention, risk mitigation and response; (3) humanitarian clusters integrate GBV risk mitigation interventions into their annual work plans and are reporting against achievements; and (4) responses provided by the GBViE Helpdesk influence program decision making.

UNICEF's Executive Director (ED), Henrietta Fore, is widely recognized for advocating for GBV prevention and mitigation within UNICEF and across the international humanitarian community. At the 2019 *Oslo Conference on Ending Sexual and Gender-Based Violence in Humanitarian Crises*, Ms. Fore gave the keynote address in which she re-affirmed UNICEF's commitment to preventing and responding to PSEA and GBV in emergencies. She spoke of the CBOs and other civil society groups' key role as "*first responders in times of crisis - and those that keep the services running long after international agencies have left.*"[18] and committed to strengthening UNICEF's systems and support to local groups. In outlining funding requirements, she observed: "*we need long-term, multi-year funding commitments to continue this vital work, before, during and after emergencies….We need better tracking of funds and resources to women's civil society groups addressing GBV in emergencies*." As one UNICEF manager confirmed, "*our ED is very, very committed to PSEA and GBViE and it makes a world of difference around here*." Their staff attributed the executive attention to internal advocacy, SftS earmarked funding, and public pressure for addressing PSEA.

With SftS support, UNICEF trained over 1500 staff at HQ, in the field, and its local partners and IPs on integrating GBV. To ensure accountability and tracking, UNICEF integrates GBV risk mitigation measures into all annual HQ sectoral work plans and frameworks. As key institutional documents to which teams are held accountable, these requirements represent a significant organizational change. GBV is also one of UNICEF's Gender Action Plan (GAP) pillars, linked to the Agency's strategic plan and therefore, receives targeted support. The Executive Director reports to UNICEF's Executive Board each year on GAP progress. Although GBV was already incorporated in UNICEF's Core Commitments for Children in Humanitarian Action (CCCs), the CCC is being updated for the first time since 2010 to include additional GBV and gender guidance and measures.

UNICEF GBV HQ staff address information exchange and knowledge management across their own organization and the humanitarian system. In collaboration with Harvard University's Humanitarian Initiative, they are developing a methodology to measure the effectiveness of GBV risk mitigation. They also created an "app" on how to receive and refer victims of GBV safely to services. In addition, UNICEF's GBV staff developed and manage the "Knowledge Hub", an online platform and repository of materials on risk mitigation. With the Global GBV AoR, they operate a GBV Help Desk from which HQ and field staff can obtain support and guidance.

UNICEF staff also provide technical assistance at the onset of emergencies. Roving specialists are deployed to train staff and local partners on GBV integration. They provided GBV specific training to WASH, nutrition, and other sectors. A senior WASH manager observed that cross cutting issues, such as GBV, usually come with "*10,000 pages of guidance or more that you have to apply to your program.*" "*Fine"*, he continued, "*But we are WASH. We are just numbers. No brain, nothing. Just bolts and nuts. That's all that we can do. So, we don't understand what you are saying to us. I am saying this as a joke, but if we went down that path, basically, we would not request WASH coordinators and WASH practitioners to be*

[18] UNICEF (2019), Henrietta Fore, UNICEF Executive Director Gender-Based Violence in Emergencies Opening Session Oslo, Norway, 23 May 2019. https://www.unicef.org/press-releases/henrietta-fore-unicef-executive-director-gender-based-violence-emergencies-opening

WASH anymore. We would request them to become I don't know what, a crosscutting project manager?" He commended the GBV experts for reversing the usual order by treating the WASH team as their clients. By speaking WASH's language, the GBV team and the Global Wash Cluster (GWC) obtained "the five WASH minimum commitments for people's safety and dignity." These commitments were then endorsed by the Global Wash Cluster (GWC) partners. The WASH sector further established an accountability framework to integrate gender. While that level of integration was an important step forward, as a respondent noted, it can take 10-15 years to implement that change fully across field operations.

For some emergencies, UNICEF staff organize the psychosocial support, case management, and clinical management of rape; and establish safe spaces for women and girls. In response to the Syrian crisis, for example, they reported working with the Lebanese Ministry of Health to set up case management protocols and referral pathways. As one HQ staff member observed: "*case management is the backbone of a lot of what GBV programs do. What has been very successful has been adapting that model to different places and contexts, sometimes managed by local women's organizations and sometimes by international NGOs.*" However, she was concerned that local organizations rarely manage cases because of skepticism that they have the influence and capacity to sustain interventions.

UNICEF supports the GBV Sub-Clusters, which in turn provide technical support to the sector clusters. In South Sudan, the WASH Cluster took part in a multi-agency initiative to promote accountability for GBV prevention and response. Practical outcomes were in developing a minimum latrine checklist and providing guidance to WASH partners through "Humanitarian Response Plans". In Bentiu, the Nutrition Sub-Cluster received technical support and all nutrition staff received training to mainstream GBV into their sector. They also mapped nutrition sites to ensure that no site was more than five kilometers away from the clients, mothers and caregivers, and determined how many nutrition workers and lead mothers in their support groups were GBV-trained. Despite these actions, the UNICEF nutrition manager advised that it remained challenging to document how many people referred to GBV services, were referred through nutrition sites.

UNICEF works primarily through international and local NGOs as well as with other development organizations. Therefore, they can implement the humanitarian-development nexus by supporting services and addressing prevention and social norms through longer term development interventions. One of their education projects in South Sudan, for example, focused on incorporating GBV-related issues into the formal education curriculum. Similar to Uganda's SASA and IRC's community programs, UNICEF, through its Communities Care[19] project (funded by USAID/OFDA's SftS program), supports communities to prevent GBV in everyday and conflict situations.

UNICEF prioritizes PSEA. Their training in South Sudan combined GBV and PSEA. The GBV Managers observed that although the perpetrator is different, survivors should receive the same care and attention notwithstanding who commits the violation. UNICEF GBV managers, while wanting to engage the momentum of PSEA, did not want PSEA to be addressed separately from GBV (see ***Box 13*** quoting Senior Leadership).

Box 13: The "PSEA Moment"
A UNICEF senior leader advised: "There is something around this PSEA moment that we need to be seizing and to be saying clearly: there is no good work on PSEA without work on GBV. It is definitely an existential question for us. But the way to solve that existential question is to look at gender-based violence more broadly and gender more broadly, and then make sure we do all our parts."

UNICEF teams reported similar barriers around staff attrition, short-term contracts, burnout, and a potential lack of upward mobility for GBV staff. As in IOM, GBViE HQ roles are grant-funded and contingent on year-to-year funding. While IP managers asserted the benefit of earmarked funding, they reported ongoing challenges related to hiring additional staff for core HQ work. For example, the GBV knowledge manager,

[19] UNICEF (2018), Evaluating the communities care program: best practice for rigorous research to evaluate gender based violence prevention and response programs in humanitarian settings. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5791214/

who coordinates the M&E and the Knowledge Hub, is a short-term consultant. Currently, only three of eight persons on the GBViE team have full-time, staff contracts.

Through training and technical assistance, UNICEF's GBV HQ teams implemented their initial aim of operationalizing the Guidelines. To address the 2017-18 aims, the small but dedicated staff of GBV managers trained and provided technical assistance to many national and local staff across the humanitarian system to prevent and mitigate GBV risks. They also innovated on-line tools and through their Help Desk promoted uptake of the Guidelines. UNICEF leverages partnerships with many different organizations, including UNOs (e.g. UNFPA), national Governments, CBOs and local NGOs, and women's groups. UNICEF managers and field staff reported the factors enabling them to address their intended aims, include: earmarked funding; effective coordination with the GBV Sub-Cluster (as evidenced in Juba); building local to international capacity; creating an accountability mechanism; and having senior HQ and regional leadership buy-in and support. For the catalysts within UNICEF's programs see ***Box 14*** below.

Box 14: UNICEF Catalysts for Significant Change

Prioritizing working with local partners and training and technical support to these partners led to greater awareness of GBV by local staff. Working with local partners also meant an increased focus on addressing the underlying root causes of GBV and developing the humanitarian- development nexus through both immediate and long-term interventions.

Institutionalizing GBV in annual work plans and the GAP created accountability structures that ensured technical sectors integrated GBV into programming. The GAP also meant that senior leadership reports to the board annually on progress.

Common Themes Across IPs

While the four IPs[20] had unique aims and activities, they have common interventions that affected how the humanitarian community addresses GBV. Building capacity of the IPs, other IOs (e.g., through IMC's MGBViE), local partners, and national governments to address GBV undoubtedly increased the overall humanitarian community's awareness of and expertise for responding to GBV in emergencies. Developing and implementing system-wide policies and operating procedures led to organizational and leadership commitments to address GBV at the onset and throughout emergencies. Hiring dedicated staff and deploying specialists early on helped to prioritize GBV and PSEA responses, risk mitigation, and prevention even throughout a protracted emergency (see Annex F story "Progress in the Professionalization of the GBViE Field"). The IPs also demonstrated how to mainstream GBV actions across sectors, , and effectively coordinate referrals and case management. Pilot projects demonstrated ways to address gender disparities and develop multi-sectoral responses to address some of the root causes of GBV (e.g., access to schooling for girls, livelihood support, support for women's leadership and NGOs; provision of referral pathways and counseling as part of health services; and mobile courts). GBV Sub-Clusters and Working Groups with good leadership and coordination could provide support and integration of services across agencies. Finally, implementing tracking and M&E systems helped not only to ensure accountability, but also indicated areas of potential high risk and provided plans of action for GBV specialists. Although facing serious challenges -- staff attrition, short-term contracts, and gender imbalances -- the four IPs through the support and dedication of both GBV specialists and other humanitarian staff for SftS programming, met their intended aims.

VI. Conclusions

A. Impact of SftS Investments on the Humanitarian Community

As evidenced at IP HQs and in South Sudan, Uganda, SftS investments positively influenced the way that the humanitarian community, in at least two emergencies and at headquarters, addresses violence against

[20] Given IMC's unique program building the capacity of GBV experts within IOs the majority of the common interventions listed apply to IOM, UNHCR, and UNICEF, unless otherwise noted.

women and girls. Operations and procedures were developed and implemented from the onset in refugee/IDP camps and settlements to: (1) respond to GBV incidents, including PSEA and conduct of humanitarian staff, and risks; (2) organize GBV coordination, services and support across sectors; and (3) provide longer-term, development interventions to address some of the gender and GBV root causes.

New or Adapted Programming, Services, and Operations to address GBV

Figure 6: GBV Programming, Services, and Operations Evidenced in HQs, South Sudan, and Uganda

Partner	Institutional Change	Expertise Sent from the Onset	GBV Sub-Cluster or Refugee Coordination/ Working Groups	Case Management and Referral Pathways	Mainstreaming (Integration)	Tracking & Evaluation
UNHCR	Mandatory SGBV training, National Strategies, Organizational Change Program, pending new Policy	GBV experts - 90% of level 2 and 3 emergencies	Lead of GBV Coordination in Refugee situations and of Protection Cluster for IDPs	Health service provision (rape kits, integrated case management, and referral pathways)	Energy, Livelihoods, Cash Assistance, Education, Environment, Shelter, WASH, multi-sectoral projects	M&E Tool of up to 48 criteria GBV IMS
IOM	Field training and protection responsibility for CCCM, GBViE Framework	GBV experts sent for IDP emergencies	GBV Sub-Cluster and Co-organizer of GBV Protection Committee	Referrals to Health Services, urban refugee referrals, Pocket Guide for supporting survivors	CCCM, Women's Leadership and Protection, WASH	DTM
UNICEF	HQ/field training, annual work plans	GBV trainers sent	GBV Sub-Cluster participation GBV Help Desk	Referrals to Health Services, case management and psycho-social support	nutrition, education WASH, child and social protection, health, and Comms	Performance Evaluations, GBV IMS.
IMC	Quality training		AoR GBV participation			Panel data of experts and follow up

As the Figure 6 above depicts, each IP provided evidence of HQ organizational and ***institutional change*** in addressing GBV. In UNHCR, an organization with a Convention mandate, this change required the development and roll out of a Policy, initiated and supported by Senior Management. For IOM, institutional change was adopting "protection" as part of CCCM responsibility and operations. For UNICEF, the change was adding GBV into its Strategic Plan and Gender Action Plan and as part of sectoral planning. IMC, as well as the other three IPs, trained GBV experts and managers. Also, shown in the Figure above, the IPs committed to tracking progress through M&E systems and reporting.

Three IPs ***deploy GBV specialists at the onset and throughout emergencies***. IMC trained specialists, who may be deployed by a range of IOs and NGOs. UNHCR, IOM, and UNICEF all reported sending GBV experts at the onset. UNHCR reported this has been done in over 90% of level 2 and 3 emergencies. As one senior manager concluded, the GBV expertise at the onset saved humanitarian operations time and money. GBV expertise at the onset allowed the South Sudanese and Ugandan operations to establish specialized infrastructure, programming, and services.

The GBV specialists helped to establish a ***GBV Sub-Cluster (as part of the Protection Cluster) or RCM*** to ensure ongoing attention and technical assistance for mainstreaming and case management. However, the relevance and effectiveness of GBV Protection Sub-Clusters or RCM reflected the expert's own leadership and management skills and avoidance of unnecessary "jargon". As one GBV manager observed, *"As a field we have a tendency to go in and lecture or use language that means nothing to anyone else. We've seen it happen. I'm guilty of it, I'm sure, at various points. Where we find successes, is where we've*

been able to frame it in terms that are relevant to people's work and to recognize that they're under a lot of pressure to deliver for their own staff." GBV experts were also acclaimed for establishing systems of coordination and training of local field workers and local communities to follow the new procedures correctly from the beginning. Increasingly, GBV was seen as a serious protection issue that cross cuts all humanitarian operations and has long term consequences.

Across sectors, humanitarian field workers and HQ managers attested to the importance of having GBV expertise to set up coordinated ***referral pathways and case management*** for humanitarian workers across sectors and agencies, and for local NGOs and government partners, at the onset of the emergency. Across WASH, Energy, Health and Nutrition, Livelihoods, and Education Sectors, tools and operational procedures were developed to mitigate GBV risks and in the case of Health, to provide access to services. The GBV focus led to clear referral pathways and case management systems in health and access to counseling by trained psychologists. Rape kits were provided as part of reproductive health care. Some of the sector specialists (especially in nutrition) were trained to make referrals whilst maintaining confidentiality and allowing the women themselves to decide whether to seek services. Outreach services were provided for local communities and urban refugees.

Training and deploying GBV experts remained critical for ***mainstreaming GBV interventions*** effectively across sectors and with the local field and national staff at the onset of each new emergency. CCCM, WASH, Energy, Health, and Nutrition experts provided specific evidence of the relevance of GBV expertise early on to establish the right systems, infrastructure and operations. GBV experts improved standard operations: insuring that women were represented in camp and settlement leadership, management, and posts; developing design and placement of latrines with locks; conducting safety audits to place fuel sources, boreholes and solar community and household level lighting; establishing referral pathways, case management, and reproductive health services; and training of local nutrition and other field workers to identify and refer abuses while maintaining confidentiality. Over time sector specialists mainstreamed GBV and trained others within their clusters. The GBV specialists are increasingly needed to train local field staff, NGOs, CBOs, and Government and to assume senior management roles within their organizations. As "Protection Officers", GBV SPOs and roving specialists were seen as valuable in being able to bring different specialists and actors together to address new GBV issues and concerns that arose or recurred in protracted emergencies.

With GBV training across sectors (e.g., WASH, Energy, CCCM, etc.), professional competence and expertise was developed to mainstream and integrate GBV interventions as part of standard emergency OPs and to ***track, report, and act on GBV indicators*** (see Annex F story "Finding Shared Value: Integrating GBV Risk Mitigation Across Sectors"). Across all organizations, the four IPs made impressive advances in monitoring and evaluating GBV interventions and services. IOM's DTM allows agencies to identify potential risks, while UNHCR's baselines and monitoring of up to 48 critical actions are tracked and assessed at three and six months, and beyond. UNICEF include GBV performance indicators in planning and staff evaluations and developed an IMS. During the team's visit to South Sudan, they were undertaking a thorough assessment of PSEA. IMC maintains panel data to follow up with their trainees.

Senior Managers report that the GBV expertise had made the critical difference and the GBV specialists had addressed issues across sectors. Nevertheless, given funding cuts and multiple donor priorities, "***earmarked funding***", representing a very small percentage of overall humanitarian assistance, was relevant for ensuring that GBV prevention and services was prioritized and addressed. Given the cyclical, recurring, and protracted emergencies, the GBV experts often remained to work with Government and local actors long after the initial humanitarian crisis.

Although having the GBV expertise was critical at the onset, ***high burnout and attrition*** in this field remained a serious constraint in sustaining effective expertise, institutional memory and managerial support. GBV specialists are often dealing with some of the worst human rights violations in the world. Services for the field workers themselves and their quality of care were unreported and most likely, remain

minimal to nonexistent in the field sites visited. Many humanitarian workers are on short term contracts (three to six months) with little to no job security. In this context, recruiting GBV expertise at the P4 level remained critical for knowledge management, access to senior management, and perhaps, for staff retention. As one GBV manager observed, *"the seniority of expertise was important for [the IP] because before GBV and child protection were looked as being done by junior staff. That's changed dramatically."*

The ***humanitarian community can be highly gendered*** in its leadership and posts and from field to headquarters with women still being very under-represented across organizations and sectors. Although P4 GBV specialists extended from HQ to regional and country operations, these positions have only just begun to rectify gender imbalances in staff hierarchies and sectors. Few men are GBV experts and according to one male IP staff member, those who are, are not above P3 levels. As observed by the WASH expert, sectors tend to be gendered as well (e.g., WASH male engineers and female nutritionists). The life of the GBV specialist, who is deployed at the onset of emergencies, may not be conducive to family life as it requires constant travel to emergency situations for three to six months, or more, at a time. Of serious concern (and perhaps accounting for an ongoing gender imbalance), GBV SPOs and managers worry that being a GBV expert or manager potentially limits further career advancement. As part of cost savings, GBV, as a protection issue, may be merged with child protection although each presumably requires different expertise and interventions. Intrinsic to the CCCM GBV interventions was having women represented in leadership roles and in these roles, they had increased opportunities to raise SGBV issues (see story in Annex F "Leadership: Catalysts of Institutional Change"). Schooling and/or literacy requirements also meant that women remained under-represented amongst local hires, who were predominantly men. Nevertheless, as one international worker demonstrated, this gender imbalance could be mitigated by training refugee/IDP women to carry out many field staff roles and responsibilities competently.

Box 15: GBV Risks in Protracted Situations

"The risk is highest at the beginning of an emergency. But we see those risks come up again in protracted situations, where the funding level has gone down drastically and because food rations have been cut and there is no budget for livelihood support for families. All these [GBV] issues come up again and negative coping mechanisms come into play because families no longer have the food they need. And so, we do need to, again, look at the humanitarian operations and start to see where the risks and gaps are. It may not be the same formula, but again, build on what is working very well and identify and give support to those gaps."

In protracted emergencies, providing consistent quality services and risk reduction throughout the emergency, required a "***humanitarian-development nexus***" strategy from the beginning. Local and national actors increasingly depended on GBV training and systems in place to respond to new crises. However, coordination from the onset to organize the humanitarian-development nexus (and move from primarily humanitarian to development GBV interventions) is not yet systematized. Such long-term interventions could facilitate addressing GBV in protracted emergencies and with urban refugees (see ***Box 15*** outlining the risks in protracted emergencies). Since definitions of and responses to GBV remain deeply rooted in kinship, social, legal, and political systems, humanitarian interventions to address this issue require a long-term development strategy culturally attuned from the onset.

A large part of an effective long-term strategy also required ***"localization"*** engaging national and local actors in the interventions from the beginning of (and even before) an emergency. GBV interventions in WASH, education, livelihoods, energy (especially lighting and fuel) also required long-term development approaches to ensure that GBV protections continue, were integrated with local populations, and could go to scale. Sector managers recognized the link between displacement, GBV, and the humanitarian-development transition. As noted by one IP manager, "*especially in environment and energy, it's a major development challenge as well as a humanitarian challenge, and it links directly to the risk of GBV, especially with dwindling resources."* Development interventions across sectors were further needed for raising awareness and preventing GBV at the next emergency or to mitigate the risks of GBV should refugees and IDPs voluntarily repatriate. For the refugees locally integrated into Ugandan society, it was

important to adopt and adapt to the local norms and laws that sanctioned violations, such as early marriage, and for young women to have access to the local courts and Uganda's legal system.

B. HUMANITARIAN ORGANIZATION COORDINATION

At the international donor level, the SftS investments brought more focused attention on addressing GBV risks and service provision. As shown in the document review, there has been ***an evolving narrative in the donor's own understanding of GBV and priorities over time***. Specifically, the donor community moved from a focus on prosecuting individual rapes as a weapon of war to addressing widespread violence evidenced across many emergencies. Increasingly donors recognized a need to address PSEA violations within humanitarian organizations as well. As emergencies become increasingly protracted and prevalent, there has been a growing awareness that embedded social cultural practices and attitudes need to be addressed through long term interventions addressing the root causes of GBV.

Through DOS/PRM's SftS, the USG played a leadership role on the GBV CtA. From 2015-16, the USG support for the Road Map created international donor community momentum for addressing GBV with concrete humanitarian actions for emergency situations. That ***continuing international momentum and humanitarian coordination*** were most recently evidenced in the 24 May 2019 Oslo Conference on Ending SGBV in Humanitarian Crises. The Oslo Conference, attended by representatives from 100 nations, SGBV survivors and specialists, UNOs, ICRC, and 243 national and international civil society organizations, led to donor commitments totaling over $363 million for SGBV prevention and response. The SftS investments may have furthered the most recent international momentum in two ways by: (1) obtaining high level leadership support (e.g., the UNICEF ED) at three UNO HQs; and (2) demonstrating with the SPOs and pilots funded by DOS/PRM and field operations by OFDA how GBV risks and quality service provision may be addressed in emergencies.

SftS may have been instrumental, in laying a foundation on GBV prevention and response, ***by galvanizing and supporting efforts to address PSEA in meaningful ways***. HQ staff addressing PSEA and those addressing GBV can be siloed with competing Agenda and funding streams, with GBV being all inclusive and PSEA being an internal institutional and a high media profile issue. As one manager observed, SftS was never intended to "f*inance us to shape up our own internal mechanisms.*" Since reputational risk is a major factor, PSEA is a GBV priority that captured HQ senior management attention. Field managers, and staff and donors also remained concerned about the effectiveness of addressing GBV if there are violations in their own organizations. As one field staff also observed "*PSEA, itself, is essential, because one of the major gaps in sexual exploitation abuse is the fact that perpetrators tend to get rehired by other organizations once they've been let go.*" An Inter-Agency approach and donor coordination are needed to address perpetrators who may move from one organization to the next. Treating PSEA systematically as part of GBV could result in increased efficiencies within organizations, particularly since the foundation with the SftS support was established for providing services to survivors and a survivor-centered approach.

At the HQ level across humanitarian organizations, some IPs, such as IOM, where it is critical for CCCM, were readily willing to coordinate. The GBV AoR provided coordination in terms of donor and inter-agency meetings but coordination in terms of planning, policy coherence across IPs, and with development actors remains ad hoc. Competition for scarce funding, internal organizational priorities, and the need to respond quickly to so many new emergencies has left little time and incentive for GBV staff and managers to coordinate outside their own organizations. However, the DOS/PRM Advisor in Geneva, by hosting lunches and informal meetings, played an important, constructive, and highly appreciated role in bringing the SftS-funded GBV experts and managers together. The ***informal, social context may be the most effective way to encourage further coordination and knowledge sharing*** at the HQ level.

Coordination was evidenced in field operations, where GBV Experts established ***Protection GBV Sub-Clusters and RCM***. The effectiveness of these coordination mechanisms depended on the leadership capabilities and the lead's ability to work inclusively across sectors. In one case, the GBV Sub-Cluster had little to no relevance during a crisis. In another, the Sub-Cluster lead was highly appreciated for coordinating

different sectors and international, national, and local organizations to work effectively together. As several humanitarian workers and managers observed, a key to effectiveness was avoiding jargon, understanding sectoral requirements so as to help in improving and streamlining their operations, and turning control over to national and local actors and organizations where possible and relevant.

Given the cyclical nature of many protracted emergencies, underlying values, and potential effects on local populations, the "humanitarian - development nexus" is increasingly part and parcel of GBV programming. In this regard, the ***coordination of DOS/PRM and OFDA and with a range of development actors*** is essential to the long-term impact and sustainability of SftS interventions.

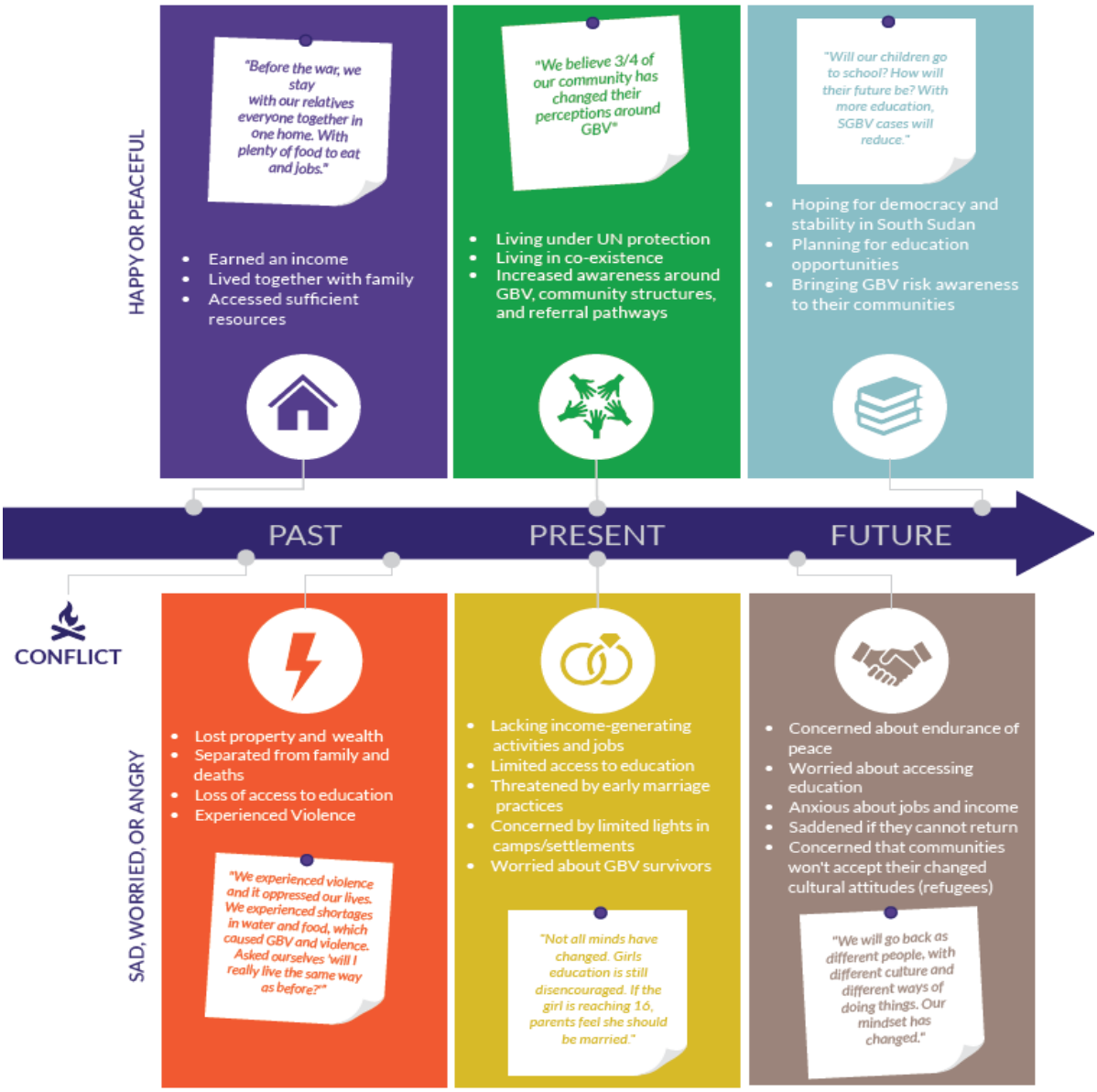
C. Additional Benefits

Through the SftS programming, there has been an increased gender focus with ***new services and access for girls and women in health, education, and livelihoods***. Examples of innovative programming included local menstrual pad production to increase girls' school attendance; thereby increasing access to higher levels of education and new livelihoods. From a GBV perspective, livelihood programming also supported a woman's venture that buys and sells charcoal so that others do not have to go outside the POC in search of firewood. Developing referral pathways and providing reproductive health services in clinics and hospitals has brought benefits to both local and refugee/IDP populations and for the quality and service provision of national health systems.

The focus on ***preventing early marriage*** as part of the GBV mandate may be having some impact on national dialogues and legislative proposals for prohibiting early marriage in South Sudan; enforcing such legislation in rural Uganda; and in providing access to mobile courts for rural populations in both countries. In South Sudan, an IP Regional Director advised engaging religious and traditional leaders to help in leading these discussions and in advocating for both national and community level change. As the youth suggest, the refugee experience itself in Uganda has had an impact on their beliefs and values around GBV.

The refugees' and IDPs' experiences of living in camps and settlements have changed their own perceptions of GBV. Figure 7 below synthesizes the most commonly cited concerns, perceptions of change, and hopes for the future among refugees and IDPs consulted. Most notably, when discussing feelings of happiness or peacefulness in the present, refugees and IDPs reported that they were more aware of GBV and GBV risks from participating in various community structures core to the IP's community-based protection models. Refugees in Uganda cited that in the future, they hope to bring GBV risk awareness to their home communities in South Sudan once they can return. In addition, they were very aware that idleness, limited educational opportunities, and lack of income-generating activities in the current protracted setting exacerbated GBV risks. The ability to recognize these GBV stressors, further highlights a significant change in attitudes and knowledge.

Figure 7: Refugee and IDP Perceptions of Change



What may be most promising is how a young Ugandan partner staff member described the changes in mindset that he experienced and witnessed from the gender and GBV sensitization training. He observed, "*I think we are witnessing, in our time, **a change in the mindset** in the way things are perceived, people are a lot more open-minded now. We still have a bit of rigidity, but I think the community is more understanding as to one, the laws of giving equality to all persons, and also to the fact the SGBV is a real thing that actually affects their community and their families. I think we've been able to reach them through response, which was primarily channeled through Safe from the start. You find that even more, as we speak, the majority of things were started with the Safe from the Start funding - the watch groups, the youth pyramids. We still have those structures because that is what has worked*."

D. Challenges in Implementation and Structure

Some of the challenges in implementation and structure of the SftS programming and investments are clear and not easily resolved. Limited year-to-year funding, coupled with a growing number of, often protracted,

emergencies necessitates depending on national and local Governments and other actors, who themselves are often in some of the poorest regions and stretched to capacity. Therefore, the message that factoring GBV from the onset across all protection and sector operations is cost effective and lifesaving needs to be widely heard. Continuing to provide GBV expertise from the start to make those connections remains critical. Proactively, organizations such as ICRC with national and local chapters, and development organizations, could also address GBV prevention as part of emergency preparedness.

In face of funding cutbacks, the push to combine GBV and child protection into overall protection posts and clusters/working groups potentially risks losing the important, unique expertise of each. To the extent possible, this specialized GBV expertise remains worth distinguishing as cost saving in the long term. In face of funding cutbacks, donor coordination becomes even more critical. The effectiveness of different interventions may be lost when IPs are faced with implementing competing donor priorities. As this evaluation has shown, PSEA can and should be closely coordinated with GBV programming and many of the mechanisms to address PSEA benefit from providing the same GBV protections and services for the survivors whilst holding yet another population of perpetrators to account.

Finally, as this evaluation has shown, camps and protracted emergencies may intensify on-going and cyclical GBV risks. The highly, urbanized and disruptive settings may even distort traditional rural values that in the past, may have provided some protection within clans and kinship systems. Unemployment, alcoholism and drugs, disease, crowding, and warring factions and banditry inside and outside refugee and IDP settlements increase GBV risks. Camp contexts and protracted emergencies may create governance systems, where the strong prevail over the weak. Obviously, a peace accord in South Sudan, if fully implemented, would do much to assuage GBV risks. Without much hope in the near future, engaging a forum of "enlightened" religious and traditional leaders, women, and youth on preventing GBV risks (e.g., early marriage), could help in changing socio-cultural attitudes and expectations. In coordination with Government and development agencies, interventions, such as education, livelihoods, and community based protection programs, and mobile courts, for both young men and women as well as for the surrounding local population should be organized from the onset and implemented over time, thereby, making the humanitarian - development nexus more than an aspiration.

VII. RECOMMENDATIONS

A. IMPACT AND SUSTAINABILITY OF SFTS INVESTMENTS

The SftS strategy of starting at the HQ level to bring about organizational change was highly effective in reinforcing the message that GBV prevention and services need to be addressed at the onset of every emergency.

Even so, the complexities of effective, widespread implementation at the field level will require support at both HQ and in field operations to address the wide range of emergency operations, particularly those involving urban refugees and internally displaced. As organizations, such as UNHCR, seek to regionalize and send more personnel to dangerous, protracted, and complex emergencies, the sustainability of SftS investments will require continued earmarked funding to ensure GBV specialist expertise remains widely available. The GBV experts' own work is likewise increasingly complex as they work with a range of actors, including refugees/IDPs, national governments, local NGOs, development agencies, and sector specialists. In that regard, including GBV as part of onboarding and continuous training and in performance reviews are essential to sustaining the SftS investments. High burnout and gender differentials also need to be addressed proactively in deployment and across sectors and by continuing to recognize the level of professional expertise required with P4 posts and career advancement for both women and men.

In South Sudan and Uganda, the mainstreaming of GBV interventions advanced significantly. CCCM, WASH, Nutrition, Energy, Education, Livelihoods and Health sectors incorporated GBV interventions to reduce risk and ensure delivery of safe infrastructure and services across all sectors delivery, especially through referral pathways and case management. M&E also advanced with DTM and GBV M&E indicators

and systems. However, many interventions, particularly pilot activities around energy and lighting, need to go to scale and be sustained. To increase impact and sustainability, every sector manager and all humanitarian staff need to know the relevant tools and procedures before working on a new emergency. Likewise, as part of humanitarian action, they should be encouraged to engage national governments and development agencies early on so as to scale and sustain critical GBV pilots and interventions for refugee, IDP, and local affected populations. Onboard training within organizations and continuing refinement of tool kits and operational procedures will help to roll out and sustain mainstreaming for each new emergency.

SftS impact and sustainability were also evidenced in the changing attitudes and practices of young adult refugee and IDP women and men and the initiatives that they are organizing and implementing. More training and support for youth and women's local NGO/CBO pilots may be cost effective, have direct impact, and potentially generate their own sustainability.

In terms of international coordination, DOS/PRM has a role to play in continuing to publicize and disseminate the IP findings of GBV interventions and in encouraging the IPs to share best practices that are making a difference. The SftS work that has been accomplished to date should be disseminated beyond the immediate networks of GBV and gender experts. Through media reporting, the general public is often well informed about particular GBV incidents.[21] In jargon free language, they also need to be aware that GBV is endemic in emergencies and that there are constructive ways to reduce risks and provide quality services. SGBV is too widespread, destructive, and costly to be a specialized afterthought in emergency operations.

The sustainability of the SftS investments has been also evidenced in continued international attention to GBV and PSEA. Rather than treated as competing priorities, the SftS investments should continue to support innovative pilots to provide evidence of how best to reduce GBV and provide quality services for survivors (no matter who, the perpetrator, or who, the survivor). At the HQ level, DOS/PRM will need to ensure that the UNHCR Policy is rolled out; that IOM continues to maintain its protection focus, implement its GBViE and engage women's leadership in CCCM operations; that UNICEF continues to provide technical assistance to the humanitarian sector, and that IMC's high quality training and methodology are disseminated widely with training of trainers available to other international organizations and universities.

B. Summary of Recommendations

This section summarizes recommendations for changes and updates for DOS/PRM and by extension, the IPs. The changes and updates are aimed at ensuring SftS investments are "strategic, sustainable, and impactful" as possible.

To be strategic, our team recommends that DOS/PRM, as the leading organization, should:

- Continue the current SftS investment strategy of addressing GBV at the onset of emergencies, as cost and time saving, and of earmarking GBV funding to ensure this expertise at the onset;
- Support localization strategies from the onset as local CBOs, women's organizations and Governments, are critical to obtaining access in dangerous regions, reaching diverse and dispersed populations of urban refugees, and sustaining long-term interventions;
- Support interventions to improve GBV risk reduction and access to quality services for urban refugee/IDP populations;
- Advise IPs to address the sexual exploitation and abuse cases in their own organizations, by applying the IASC Guidelines about the treatment and services for survivors; and by stopping perpetrators from moving to other organizations through performance reviews and other HR mechanisms; and
- Continue to organize informal forum at HQ and national levels for IP GBV experts to meet and exchange ideas, knowledge, and information about their work and challenges.

[21] The media need to respect "confidentiality" and principle of "Do No Harm" which points to the importance of UNICEF and other organizations that provide this training for journalist.

To be sustainable, DOS/PRM, building on progress to date, should:

- Monitor the IP institutional and organizational changes (e.g. UNHCR's Policy) to ensure they are fully rolled out and maintained as part of standard organizational policies, operations, and performance standards;
- Encourage IP GBV experts to engage local, Government, development, and private actors early on in training, coordination, and programming as part of the humanitarian-development nexus;
- Support pilot initiatives of youth CBOs to increase awareness and interventions to reduce GBV risks for future generations;
- Support IOM, UNHCR, UNICEF, and ICRC, as standard OP, to train national and local staff at the onset and/or as part of emergency preparedness;
- Coordinate with development and national organizations to address gaps in infrastructure and services and to scale up livelihood, education, energy, health and psychosocial support, shelters, legal assistance, local CBO and WASH interventions in protracted emergencies;
- Support and/or engage in forums of religious and traditional leaders, women refugee and IDP leaders, judges and legal experts, who oppose early marriage, to inform policies and legislation and leadership to reduce GBV and increase protection of women and girls; and
- Publicize ways that Government, local organizations, international organizations, the private sector, and development actors can engage to address urban IDP and refugee populations' GBV vulnerabilities and risks in their programs.

To be impactful, DOS/PRM should:

- Continue to prioritize resources for livelihoods, basic education and mobile courts by engaging development and national agency involvement early on to go to scale and to address long term GBV practices and prevention;
- Support front line IP HQs to provide high quality GBV training for all staff onboarding as well as on-going training to continue mainstreaming and integrating GBV issues across sectors;
- Support GBV specialist expertise of both men and women inside the organizations, their career advancement, and self-care and/or time out to counter burnout;
- Prioritize prevention and emergency GBV readiness of local organizations and Governments; and
- Keep GBV issues and responses on the forefront of international and IP priorities.

From 2013 to the present, the DOS/PRM SftS investments have influenced organizational changes and supported some 16 IPs to address GBV. During this time, SftS also supported mainstreaming risk reduction across sectors and referral pathways and services for GBV survivors in emergencies. Although primarily an HQ-based strategy, the impact of these changes was evidenced on the frontlines of a major refugee/IDP protracted emergency; thus, demonstrating once again, that with well trained and dedicated humanitarian workers, a relatively low-cost financial investment can make a significant difference.

VIII. ALIGNMENT TO PRM FUNCTIONAL BUREAU STRATEGY

As this evaluation has shown, three IPs – IOM, UNHCR and UNICEF – directly address the SftS performance indicator of the "*percentage of emergency declarations responded to through deployments led by PRM-funded Safe from the Start partners."* Although they had very few GBV specialist, direct hires, IOM and UNICEF reported deploying GBV experts to the major recent emergencies, where they are a lead agency [no specific percentage or number was asked for or provided]. UNHCR reported deploying GBV SPOs to 90% of level 2 and 3 emergencies. Although the coverage through these deployments seems systematic, the few GBV SPOs/specialists in each organization suggest that this strategy is not sustainable without further GBV staff recruitment and self-care for staff deployed.

The SftS funding goal to "*reduce the incidence of GBV and ensure quality services for survivors from the very onset of emergencies through timely and effective humanitarian action*" directly supports PRM's Functional Bureau ***Objective 1.2***: Mobilize the international community to respond to GBV as a life-saving priority in emergencies through enhanced coordination and service provision.

SftS funding has enhanced coordination and service provision for GBV in several ways. Institutionally, the humanitarian community made significant progress in prioritizing GBV at the onset of emergencies. By drafting a GBV Policy, adopting protection responsibilities as part of CCCM, incorporating GBV into annual work plans and performance evaluations, and developing a GBV specific framework with actionable steps as part of sectoral programming, key frontline partners in the humanitarian system made GBV prevention and services part of their standard OPs.

As part of humanitarian action, SftS supported the IPs to send GBV technical experts to the field and set up clear case management guidelines and referral pathways at the onset of emergencies, thereby, directly addressing ***Objective 1.2***. The GBV technical experts help to set up critical infrastructure; enhance coordination with agencies, government, and local and refugees/IDP populations; and support sectoral programs in integrating GBV. Their technical expertise at the onset saves time and money by mainstreaming these interventions from the beginning and by engaging women's leadership and participation at every point. Separate latrines for men and women and including women in managing food distribution and in camp governance improved the quality of services and infrastructure and reduced risks. Case management guidelines and referral pathways, established at the onset of an emergency, have also been tested, adapted, and implemented. Several hundred international and national staff have been trained both within and across organizations by the four IPs in how to recognize, address and/or refer GBV cases.

Donor, HQ and field coordination has been strengthened through GBV Sub-Clusters, committees, and Working Groups although their effectiveness and relevance depend on good leadership. In this regard, DOS/PRM Coordinators through their meetings and reviews have been invaluable in raising issues and promoting informal and professional networks to address GBV. The good collaboration between DOS/PRM and USAID/OFDA could be further enhanced through coordination with USAID regional programs and other development agencies to strengthen the humanitarian - development nexus. Engaging development actors early on will help to scale and sustain successful pilots and longer-term interventions, such as girls' education, livelihoods, energy and lighting, and mobile courts.

Thus, SftS fully supported ***Objective 1.2***, while filling a critical gap in humanitarian action. By strategizing organizational change at HQs, SftS pushed the humanitarian system to take a systematic approach to prioritizing and addressing GBV in all emergencies. In addition, SftS directly supports the Women, Peace and Security Act passed in October 2017 by increasing the meaningful inclusion of women in preventing and ending violence, and in rebuilding their communities after conflict.

"*SGBV – Our Enemy*!"

"*Because Everyone Counts*"

SGBV Activists and Leaders participating in FGDs in Uganda

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ANNEX B: LIST OF IPS FUNDED BY SFTS FROM 2013-2019

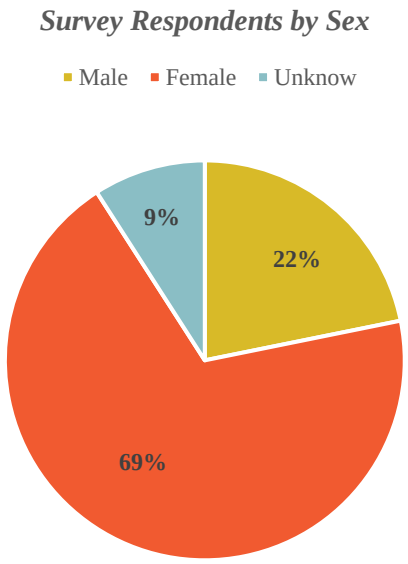
	Organization	Years Funded	Number of Years	Funding Totals
1	ICRC	2013-2019	7	USD 15,000,000
2	UNICEF	2016-2019	4	USD 9,088,632
3	UN Women	2018	1	*(missing data)*
4	IOM	2015-2019	5	USD 11,330,000
5	IMC	2014, 2016-19	5	USD 3,473,148
6	IRC	2014-5, 2017-19	4	USD 4,353,874
7	Mercy Corps	2018	1	*(missing data)*
8	George Washington University	2018	1	*(missing data)*
9	WHO	2017-2019	3	*(missing data)*
10	UNHCR	2013-2019	7	USD 30,582,041
11	CARE	2017, 2019	2	USD 1,856,283
12	Action against Hunger	2017	1	USD 816,135
13	Women's Refugee Commission	2014-2015	2	USD 747,262
14	UNRWA	2017	1	USD 972,943
15	War Child Canada	2015	1	USD 692,289
16	Norwegian Refugee Council	2014-2015	2	USD 1,300,000

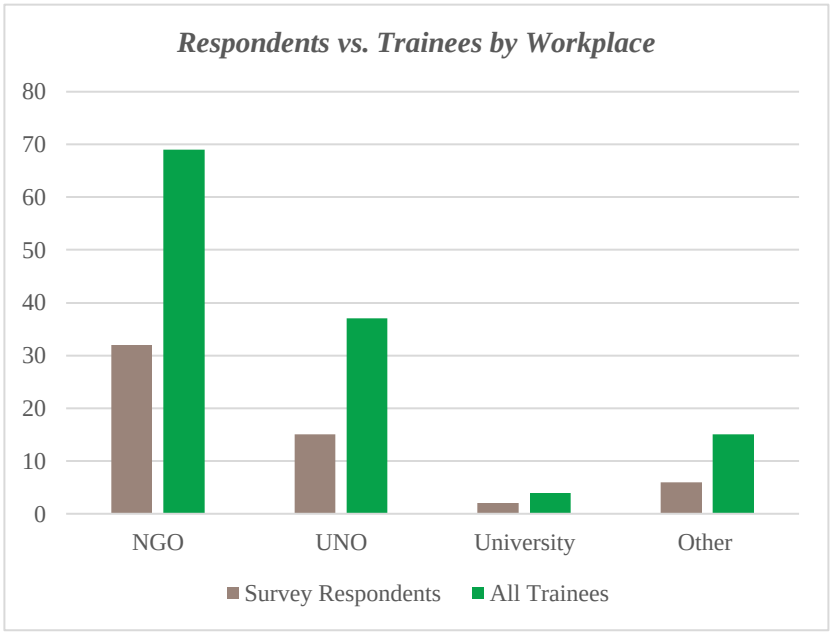
Annex C: Figures

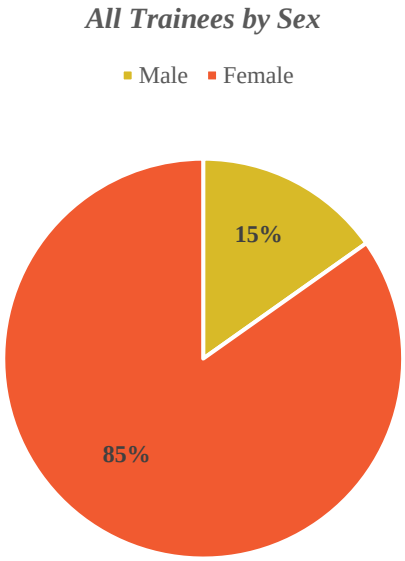
A. MGBViE Participant Survey Summary Statistics

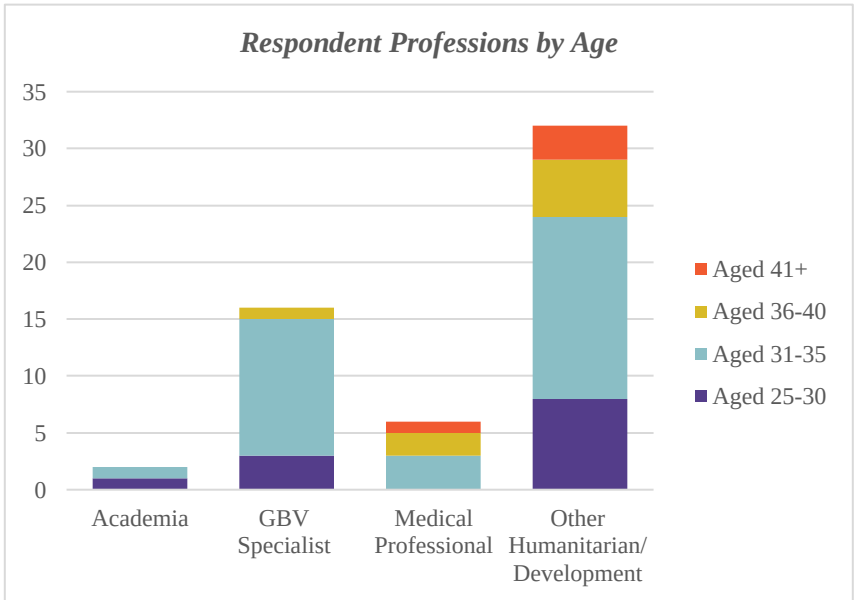
IMC through its MGBViE program, trained a total of 125 individuals through five in-person training workshops in Kenya, Jordan, Thailand, Lebanon, and Uganda. The evaluation team prepared an online survey and distributed via email the survey for completion. The survey reached 120 people successfully, with five unsuccessful deliveries. A total of 55 individuals completed the survey, representing a response rate of 46%. In comparing the distribution between the survey respondents and the full population of MGBViE trainees, the distribution is similar enough to make generalized conclusions.

The characteristics of respondents, compared to all trainees, are as follows:

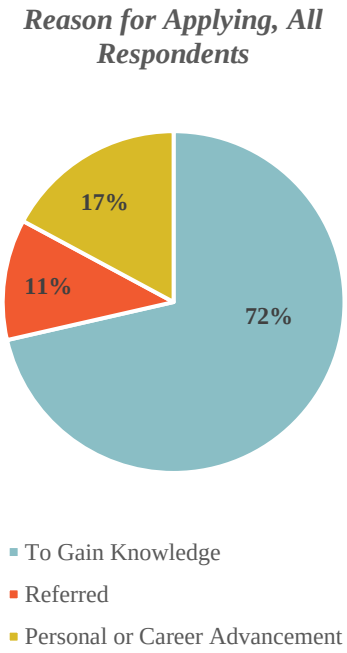


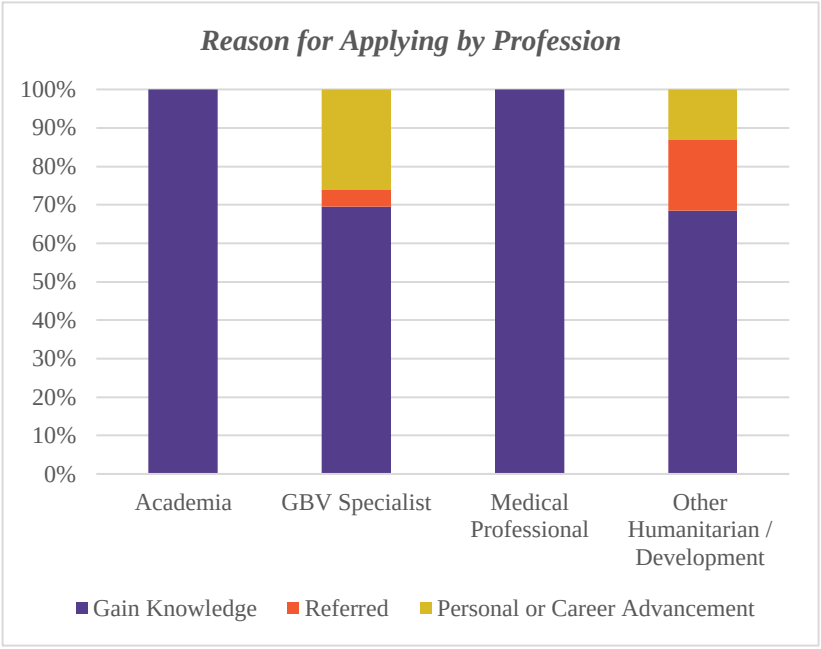






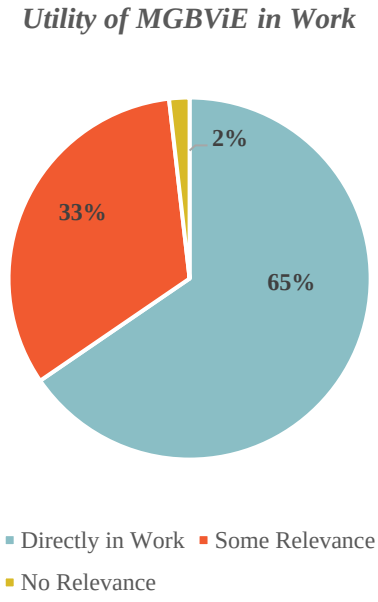
Why did you decide to apply for the in-person MGBViE training?

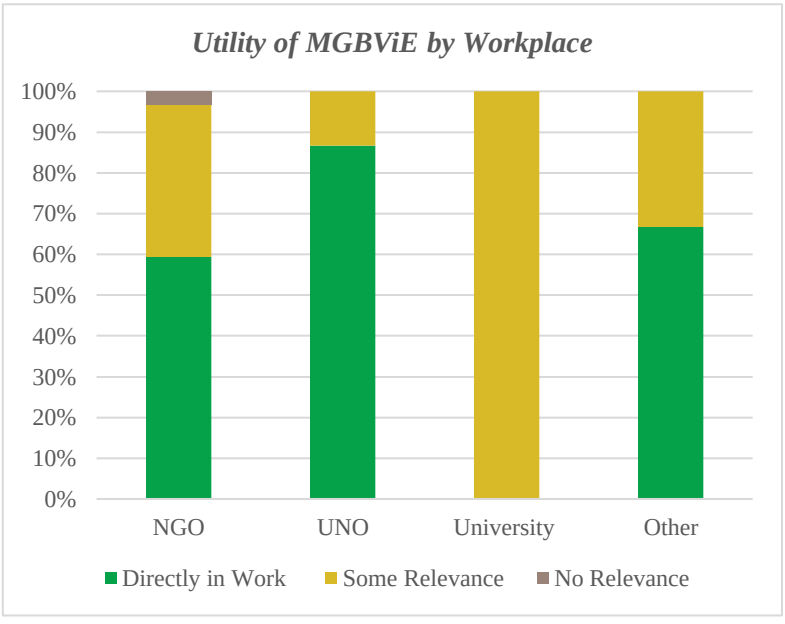




The majority of respondents sought to gain new knowledge in applying to the MGBViE program. Only GBV Specialist and Humanitarian/Development professionals were referred to the program or sought career advancement. Notably, humanitarian professionals were more likely to be referred than GBV Specialists who were more likely to seek career advancement.

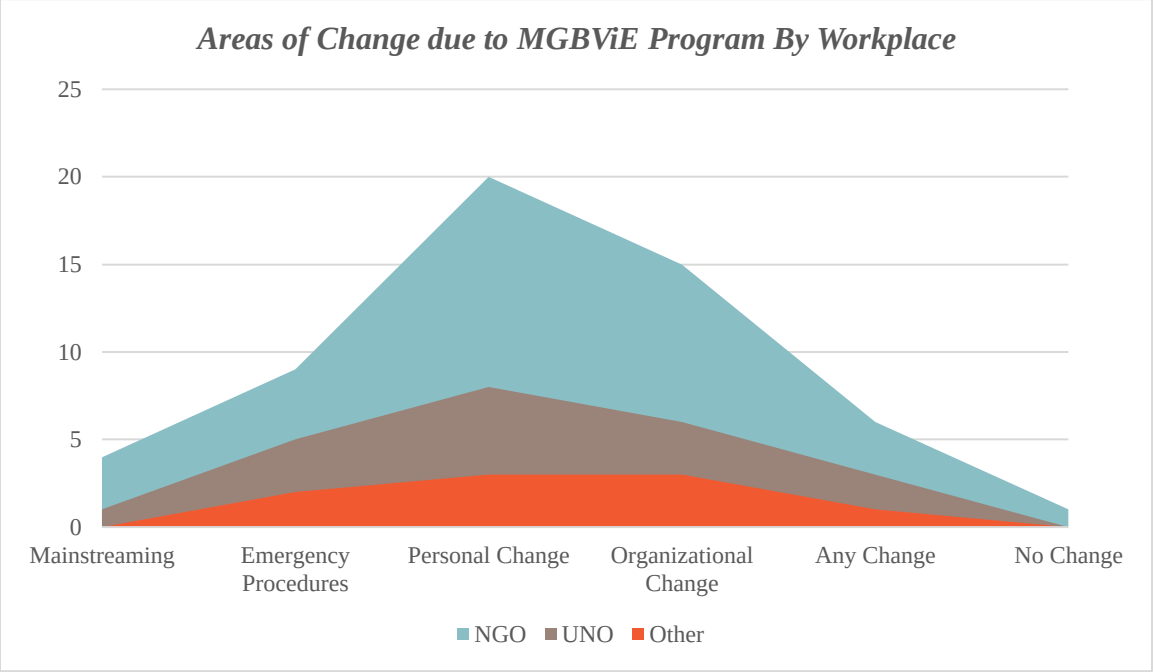
How have you used your MGBViE training?





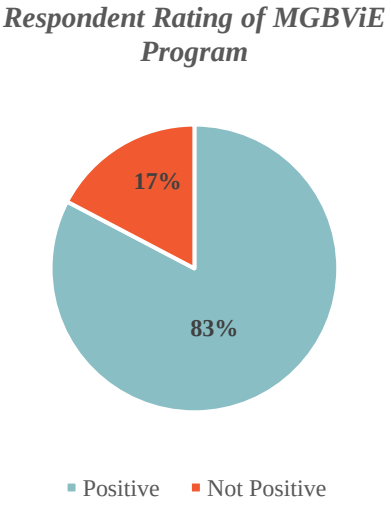
While over half of the respondents felt that the training provided information directly relevant within their own work, practitioners at UNOs were more likely to agree around the direct relevance of the training to their work.

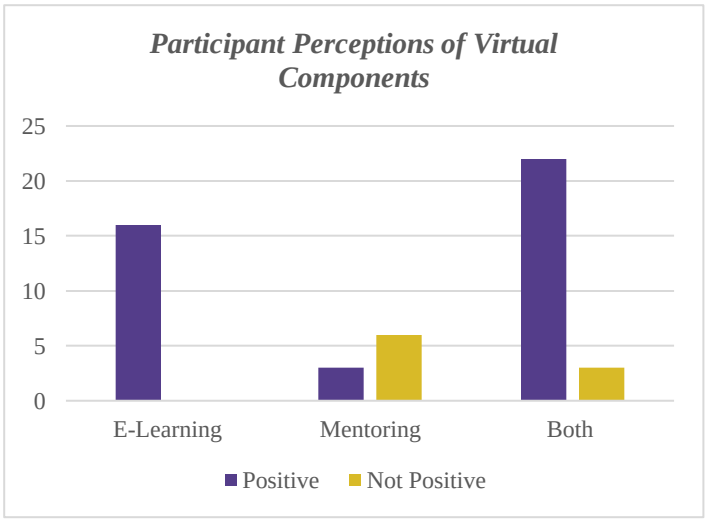
In what ways (if any) has the training changed or helped the way you / your organization approaches GBV in emergencies?



The most cited area of change, or personal reporting of effects of the MGBViE training program is in the area of "Personal Change" referring to an increase in knowledge and skills followed by organizational change, usually referring to a specific example in which the acquired skills and experience were put into action. Most practitioners cited that "*the training helps you with the way you think. In a situational assessment, for example, things to look for, how to conduct a safety audit, etc*." Overall, respondents were consistently distributed across workplaces and gender in response to this question.

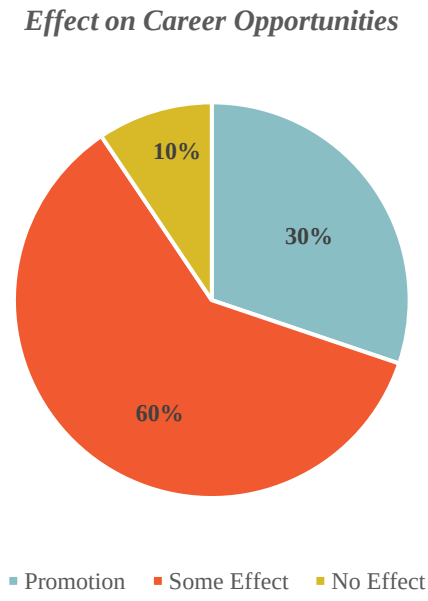
Could you describe your experiences with e-learning, in-person training, mentorship program and/or Area of Responsibility (AoR) community of practice?

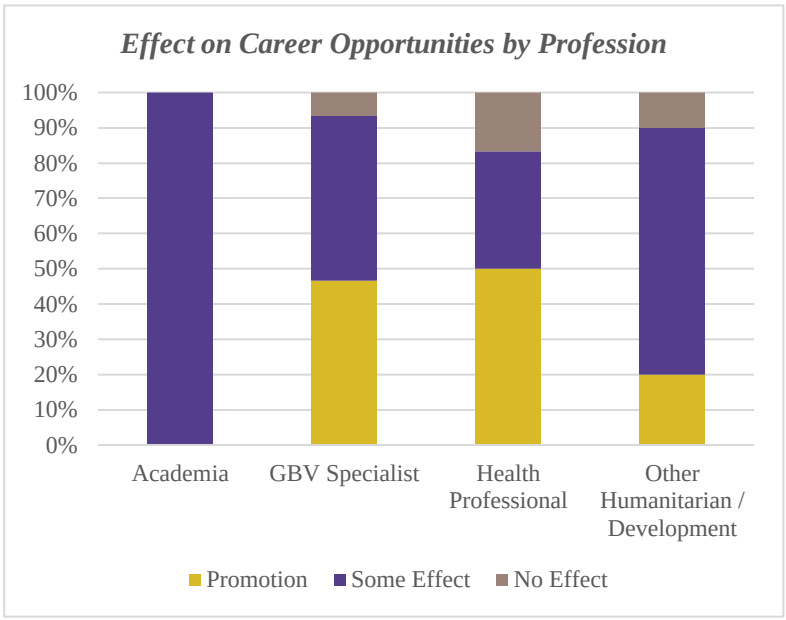




Overall, the participants rated their experience with the MGBViE program very positively. In terms of the virtual components, including e-learning and mentoring. E-learning received positive marks across the board while the mentorship component was considered to have had more challenges.

How, if at all, has work on GBV affected your career opportunities?

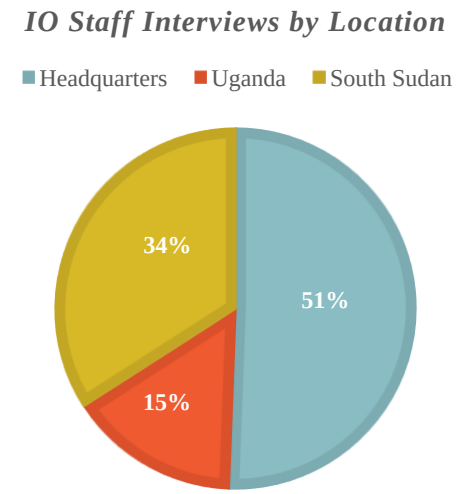


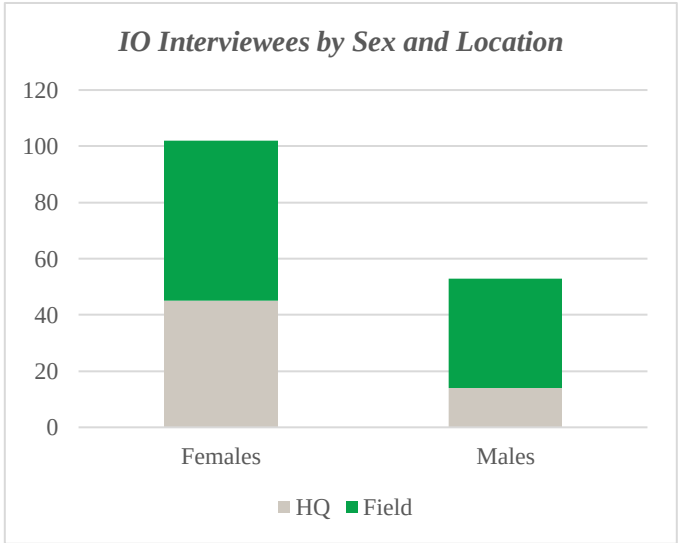


The majority of respondents cited that working on GBV topics has effected to career opportunities to some degree. Across the surved professionals, GBV Specialist and Health Professionals were more likely to cite that it has led to promotions or advancement.

B. Additional Charts and Maps

As referenced in the narrative report, a total of 162 IO staff were interviewed in support of this evaluation. As is reflective of the composition of the GBViE field, the majority of interviewees were female. Males interviewed for this evaluation largely held leadership roles or sectoral roles, with some in protection. Where this varied slightly was in the field, as compared to headquarters. As was relevant to the structure of SftS funding, over half the IO interviews were conducted in HQ settings.





Fieldwork Sites in South Sudan

Fieldwork Sites in Uganda

ANNEX D: FIELDWORK SCHEDULES

A. GENEVA, SWITZERLAND

Date	Organization	Topic
Monday May 6, 2019	US Mission	**Inbriefing with PRM Humanitarian Coordinator**
	ICRC	**Sexual Violence in Emergencies**
	IOM	**Overall SftS Project Briefing**
Tuesday May 7, 2019	UNHCR	**Introduction and SftS in UNHCR Overview**
	UNHCR	**Management Meeting**
	UNHCR	**Historical Overview and SPO Deployment Scheme**
	UNHCR	**Roving SPO Interview**
	IOM	**Mainstreaming GBV and the GBV in Crisis Framework**
	IOM	**PSEA and IOM**
	IOM	**Inter-Agency Efforts in GBV Prevention Mainstreaming**
Wednesday May 8, 2019	UNHCR	**Mainstreaming Projects Overview**
	UNHCR	**Cash and Livelihoods**
	UNHCR	**WASH and Energy**
	UNHCR	**Management-Regional Bureau for Africa**
	IOM	**Mainstreaming GBV in Shelter Activities**
	IOM	**Mainstreaming GBV in CCCM Activities**
	IOM	**O**
Thursday May 9, 2019	UNHCR	**Protection in Emergencies**
	UNHCR	**Behavior and Attitudinal Change Project**
	UNHCR	**Multi-Sectoral Projects Overview**
	UNHCR	**Collaboration with MADE51**
	UNHCR	**Questions with GBV Team**
	IOM	**Meeting with Director of the Department of Operations and Emergencies**
	IOM	**Meeting with Head of Preparedness and Response Division**
Friday May 10, 2019	UNHCR	**Individual Interviews**
	UNHCR	**Management Meeting -DPSM**
	GBV AoR	**GBV AoR**
	UNICEF	**Global WASH**

B. South Sudan

Date	Organization	Location	Topic
Monday June 17, 2019	US Mission	Juba	**Inbriefing with DOS and OFDA**
Tuesday June 18, 2019	IOM	Juba	**Interviews with IOM Staff**
Wednesday June 19, 2019	IOM	Bentiu POC	**Interviews with IOM Staff**
Thursday June 20, 2019	IOM	Bentiu POC	**IOM CCCM Team**
	-	Bentiu POC	**FGDs with Women Community Leaders**
Friday June 21, 2019	IOM	Bentiu POC	**General IOM Meeting**
	-	Bentiu POC	**FGD with Women in Business**
	-	Bentiu POC	**FGD with Young Women**
	-	Bentiu POC	**FGD with Women who participated in Adult Education**
Saturday June 22, 2019	-	Bentiu POC	**FGD with Young Men**
Sunday June 23, 2019	Mixed	Bentiu POC	**Meeting with Partners**
Monday June 24, 2019	UNICEF	Bentiu POC	**UNICEF Nutrition**
	IOM	Bentiu POC	**Debrief with CCM Team**
	IOM	Bentiu POC	**Mental Health and Psychosocial Support**
Tuesday June 25, 2019	UNICEF	Juba	**Protection**
	IsraAID	Juba	**Protection**
	UNICEF	Juba	**GBV**
	UNICEF	Juba	**WASH**
	DRC	Juba	**MGBViE / Protection**
Wednesday June 26, 2019	UNICEF	Juba	**Child Soldiers / Implementation in Malakal**
	UNICEF	Juba	**Health**
	UNICEF	Juba	**Nutrition Cluster**
	UNFPA	Juba	**GBV Sub-cluster**
	UNICEF	Juba	**Communications**
	Nile Hope	Juba	**Local Groups**
	UNICEF	Juba	**General**
Thursday June 27, 2019	UNHCR	Juba	**SPO SftS and M&E**
	UNHCR	Juba	**Sustaining SftS Development**
	UNHCR	Juba	**Feedback from the Field – Maban SO**
	UNHCR	Juba	**Feedback from the field**
	UNHCR	Juba	**Management Meeting**

C. Uganda

Date	Organization	Location	Topic
July 1, 2019	US Mission	Kampala	**Inbriefing with DOS/PRM**
	UNHCR	Kampala	**Management**
July 2, 2019	UNHCR	Kampala	**Interviews with UNHCR Staff**
July 4, 2019	UNHCR	Adjumani	**Interviews with UNHCR Staff**
	Mixed	Adjumani	**Interviews with Partners**
	-	Pagirinya	**Tour of Settlement**
July 5, 2019	-	Maaji II	**FGDs with POCs**
July 8, 2019	UNHCR	Arua	**Interviews with UNHCR Staff**
	Mixed	Arua	**Interviews with Partners**
July 9, 2019	-	Rhino Camp	**FGDs with POCs**
	-	Rhino Camp	**Tour of Settlement**
July 11, 2019	UNHCR/Mixed	Kyangwali	**Interviews with UNHCR and Partner Staff**
	-	Kyangwali	**FGDs with POCs**
July 12, 2019	UNHCR	Kampala	**Debrief with UNHCR**
	US Mission	Kampala	**Debrief with DOS/PRM**

D. New York City, New York, USA

Date	Organization	Location	Topic
August 22, 2019	UNICEF	New York	**Interviews with UNICEF Staff**
August 23, 2019	UNICEF	New York	**Interviews with UNCEF Staff**

E. Phone Interviews

Date	Organization	Location	Topic
March 21, 2019	OFDA	Virtual	**OFDA and SftS**
May 29, 2019	UNICEF	Virtual	**Interviews with UNICEF Staff**
June 10, 2019	UNICEF	Virtual	**Interviews with UNICEF Staff**
	IMC	Virtual	**MGVBiE Program**

Annex E: IO Staff Interviewees

Organization	Name/Position	Location	Type
DOS	DeMark Schulze, Regional Refugee Coordinator (Resettlement), West, Central, and Great Lakes Africa	Kampala, Uganda	Inbrief/Debrief
DOS	Diane Boulay, Program Specialist Humanitarian Affairs	Geneva, Switzerland	Inbrief/Debrief
DOS	Matthew Pagett, Second Secretary Vice Consul, Economic Affairs Officer	Juba, South Sudan	Inbrief/Debrief
OFDA	Tina J. Yu, DART Team Lead-South Sudan	Juba, South Sudan	Inbrief/Debrief
Action Against Hunger	Dimple Save, Nutrition Coordinator	Bentiu, South Sudan	Interview (Staff)
DRC	Draku Uhuru-Godfrey	Adjumani, Uganda	Interview (Staff)
DRC	Hildur Gudbjornsdottir, Protection Officer	Juba, South Sudan	Interview (Staff)
DRC	Namyalo Lavendah	Adjumani, Uganda	Interview (Staff)
DRC	Engamimvite Denis	Arua, Uganda	Interview (Staff)
DRC	Nanziri Drine, DRC	Arua, Uganda	Interview (Staff)
DRC	AstruSusan Palm Court	Arua, Uganda	Interview (Staff)
Global Youth Advisory Council	Wilent Mugisha, Global Youth Advisory Council	Kyangwali, Uganda	Interview (Staff)
HIJRA	Lydia Bakumpe, Head of Protection	Kampala, Uganda	Interview (Staff)
HIJRA	Festus Winyi	Kyangwali, Uganda	Interview (Staff)
ICRC	Sophie Sutrich, ICRC/IFRC Institutional Lead on Sexual Violence	Geneva, Switzerland	Interview (Staff)
IMC	Micah Williams, Global GBV Advisor	Phone Interview	Interview (Staff)
IMC	Jackie Aitken, GBV Officer, International Medical Corps	Washington, DC	Interview (Staff)
IOM	Abdelhakim, CCCM Manager	Bentiu, South Sudan	Interview (Staff)
IOM	Ban Yreath, Program Assistant	Bentiu, South Sudan	Interview (Staff)
IOM	Gabriel Gatluak, Communications and Community Assistant	Bentiu, South Sudan	Interview (Staff)
IOM	Kueth Machar, Project Assistant	Bentiu, South Sudan	Interview (Staff)
IOM	Nina, IOM Medical/Psychological Services	Bentiu, South Sudan	Interview (Staff)

IOM	Safinah Namyalo, Community Participation Officer	Bentiu, South Sudan	Interview (Staff)
IOM	Amina Saoudi, CCCM Project Coordinator	Geneva, Switzerland	Interview (Staff)
IOM	Anna Reichenberg, Camp Coordination and Camp Management Support	Geneva, Switzerland	Interview (Staff)
IOM	Alberto Piccioli, Shelter and Settlements Specialist	Geneva, Switzerland	Interview (Staff)
IOM	Emily Siu, GBV Mainstreaming M&E Specialist	Geneva, Switzerland	Interview (Staff)
IOM	Baka, Men's Participation, CCCM	Juba, South Sudan	Interview (Staff)
IOM	Agnes Oulsese, Protection Officer	Juba, South Sudan	Interview (Staff)
IOM	Agnes Tillinac, Project Manager	Juba, South Sudan	Interview (Staff)
IOM	Catherine Hingley, GBV Specialist	Juba, South Sudan	Interview (Staff)
IOM	Catherine Hingley, Gender Specialist	Juba, South Sudan	Interview (Staff)
IOM	Deputy Chief of Mission, Chief of Operations	Juba, South Sudan	Interview (Staff)
IOM	Muhammad Asar UL HAQ, Program Coordinator, Shelter NFI	Juba, South Sudan	Interview (Staff)
IOM	Naveed Anjum	Juba, South Sudan	Interview (Staff)
IOM	Priscila Scalco, CCM Programme Coordinator	Juba, South Sudan	Interview (Staff)
IOM	Robert Mominee, CCCM & DTM Project Officer	Juba, South Sudan	Interview (Staff)
IOM	Ruwani Dharmakirthi, Project Support Officer	Juba, South Sudan	Interview (Staff)
IOM	Zerihun Zewdie, Program Officer (DRM)	Juba, South Sudan	Interview (Staff)
IOM	Devote Nuwe, Psychosocial Counseling for Urban Refugees	Kampala, Uganda	Interview (Staff)
IOM	Abdihakim Ali, CCCM	Bentiu, South Sudan	Interview (Staff)
IOM	Ford Makonese, Migration Health Officer	Bentiu, South Sudan	Interview (Staff)
IOM	James Dinya, Security Assistant	Bentiu, South Sudan	Interview (Staff)
IOM	Juliette De Gaultier, WASH Operations Officer	Bentiu, South Sudan	Interview (Staff)
IOM	Tonderayi Mutaisi, Logistics Officer	Bentiu, South Sudan	Interview (Staff)

IOM	Victoria Nyawara, DTM Officer	Bentiu, South Sudan	Interview (Staff)
IOM	Alexandra Hileman, Project Support Officer, PSEA/Department of Operation and Emergencies	Geneva, Switzerland	Interview (Staff)
IOM	Boshra Khodhnevis, Shelter and Settlements Team	Geneva, Switzerland	Interview (Staff)
IOM	David Preux, Senior Emergenct Preparedness & Respopnse Officer	Geneva, Switzerland	Interview (Staff)
IOM	Jennifer Kvernmo, CCCM and Protection Capacity Building Coordinator	Geneva, Switzerland	Interview (Staff)
IOM	Jessica Izquierdo, GBV Training Specialist	Geneva, Switzerland	Interview (Staff)
IOM	Mohammed Abdiker, Director of the Department of Operations and Emergencies	Geneva, Switzerland	Interview (Staff)
IOM	Monica Noriega, Senior Protection Officer	Geneva, Switzerland	Interview (Staff)
IOM	Rafael Abis, Site Management Area Coordinator	Geneva, Switzerland	Interview (Staff)
IOM	Tristan Burnett, Head of Preparedness and Response Division	Geneva, Switzerland	Interview (Staff)
IRC	Nyamai Gany, GBV Manager	Bentiu, South Sudan	Interview (Staff)
IsraAID	Eliana Summer-Galai, Country Director	Juba, South Sudan	Interview (Staff)
IsraAID	James Sabasio, Program Coordinator	Juba, South Sudan	Interview (Staff)
IsraAID	Lily Ismail, Program Coordinator	Juba, South Sudan	Interview (Staff)
LWF	Geramew Yadessa, Emergency Team Leader	Kampala, Uganda	Interview (Staff)
LWF	Anne Anzoo	Adjumani, Uganda	Interview (Staff)
LWF	Beatrice Minzira	Adjumani, Uganda	Interview (Staff)
LWF	Malines Perez	Adjumani, Uganda	Interview (Staff)
LWF	Mona (Amony) Irene Otto	Adjumani, Uganda	Interview (Staff)
LWF	Prudence Tumukwase	Kyangwali, Uganda	Interview (Staff)
LWF	Tomusanae Fuian	Kyangwali, Uganda	Interview (Staff)
Nile Hope	Gadet (last name unknown)	Juba, South Sudan	Interview (Staff)

NonViolence Peace Force	Geraldine Nzulumike, Women Protection Officer	Bentiu, South Sudan	Interview (Staff)
NonViolence Peace Force	Hugh Golden, Women Protection Officer	Bentiu, South Sudan	Interview (Staff)
Norweigian Refugee Council	Megan Lind, Child Survivor Coordinator, CASI	Geneva, Switzerland	Interview (Staff)
OFDA	Elizabeth (Liz) Pender, Senior Gender-based Violence/Protection Advisor	Phone Interview	Interview (Staff)
OPM	Buzu Asi Fred	Arua, Uganda	Interview (Staff)
South Sudanese Development Organization	Catherine Nduku, South Sudanese Development Organization	Juba, South Sudan	Interview (Staff)
UNFPA	Alona Bermejo, GBV Field Coordinator	Bentiu, South Sudan	Interview (Staff)
UNFPA	Andrea Cullinan, GBV sub-cluster co-lead	Juba, South Sudan	Interview (Staff)
UNFPA	Stephanie Ruehl, Junior Program Officer, GBV AoR	Geneva, Switzerland	Interview (Staff)
UNHCR	Anchinesh Mahetemic, Senior Protection Officer	Adjumani, Uganda	Interview (Staff)
UNHCR	Nasibov Orhhan, Head of Sub-Office - Adjumani	Adjumani, Uganda	Interview (Staff)
UNHCR	Sibo Mutanguha, Protection Officer (SGBV)	Adjumani, Uganda	Interview (Staff)
UNHCR	Bik Lum, Head of Sub-Office - Arua	Arua, Uganda	Interview (Staff)
UNHCR	Joyce Wahome, Protection Officer	Arua, Uganda	Interview (Staff)
UNHCR	Paola Bolgonesi, Senior Protection Officer	Arua, Uganda	Interview (Staff)
UNHCR	Santa Lamunu, Senior Protection Assistant	Arua, Uganda	Interview (Staff)
UNHCR	Zelinda Aromorach, Senior Protection Assistant (SGBV)	Arua, Uganda	Interview (Staff)
UNHCR	David Githiri Njoroge, Senior WASH Officer	Kampala, Uganda	Interview (Staff)
UNHCR	Adan D. Ilme, Deputy Representative	Juba, South Sudan	Interview (Staff)
UNHCR	Baraka Owenya, Protection Officer	Juba, South Sudan	Interview (Staff)
UNHCR	Grace Atim, Protection Officer	Juba, South Sudan	Interview (Staff)
UNHCR	Inna Gladkova, Assistant Representative (Protection)	Juba, South Sudan	Interview (Staff)
UNHCR	Josephine Ngebeh, Senior Regional Protection Officer	Juba, South Sudan	Interview (Staff)
UNHCR	Ketevan Kamashidze, Protection Officer	Juba, South Sudan	Interview (Staff)
UNHCR	Kinyera David Jada, Associate Education Officer	Juba, South Sudan	Interview (Staff)
UNHCR	Koike Katsunori, Protection Officer	Juba, South Sudan	Interview (Staff)

UNHCR	Richard Sollom, Senior Results-Based Management Officer	Juba, South Sudan	Interview (Staff)
UNHCR	Rose Mwebi, IDP Protection	Juba, South Sudan	Interview (Staff)
UNHCR	Enid Ochieng, Senior Protection Officer	Kampala, Uganda	Interview (Staff)
UNHCR	Kemlin Furley, Head of External Relations	Kampala, Uganda	Interview (Staff)
UNHCR	Mahoua, Deputy Representative	Kampala, Uganda	Interview (Staff)
UNHCR	Margaret Atieno, Assistant Representative on Protection	Kampala, Uganda	Interview (Staff)
UNHCR	Margaret Atuebi	Kampala, Uganda	Interview (Staff)
UNHCR	Mildred Ouma, Sr. Protection Officer (SGBV)	Kampala, Uganda	Interview (Staff)
UNHCR	Mohamed Abdel-Al, Senior Technical Coordinator	Kampala, Uganda	Interview (Staff)
UNHCR	Pauline Laker, Assistant Protection Officer (SGBV)	Kampala, Uganda	Interview (Staff)
UNHCR	Philippe Creppy – Assistant Representative (Operations)	Kampala, Uganda	Interview (Staff)
UNHCR	Ranya Sherif, Senior Environment Team Leader	Kampala, Uganda	Interview (Staff)
UNHCR	Ronald Nyakoojo, Assistant Reproductive Health and HIV/Officer	Kampala, Uganda	Interview (Staff)
UNHCR	Olga Nora Ryza, Assistant Protection Officer	Kyangwali, Uganda	Interview (Staff)
UNHCR	Ruslan Shabduran, Associate Protection Officer	Kyangwali, Uganda	Interview (Staff)
UNHCR	Andrea Dekrout, Senior Environmental Coordinator	Geneva, Switzerland	Interview (Staff)
UNHCR	Andrew Harper, Director of Programme Support and Management	Geneva, Switzerland	Interview (Staff)
UNHCR	Blanche Tax, Senior Policy Officer	Geneva, Switzerland	Interview (Staff)
UNHCR	Danielle Bishop, Associate Protection Officer	Geneva, Switzerland	Interview (Staff)
UNHCR	Elizabeth Morrissey, Protection Officer (SGBV)	Geneva, Switzerland	Interview (Staff)
UNHCR	Ellen Lee, Livelihoods Consultant	Geneva, Switzerland	Interview (Staff)
UNHCR	Grainne O'Hara, Director of DIP	Geneva, Switzerland	Interview (Staff)
UNHCR	Gregory Garras, Senior Protection Coordinator (Emergencies)	Geneva, Switzerland	Interview (Staff)
UNHCR	Heidi Christ, MADE51 Global Manager	Geneva, Switzerland	Interview (Staff)
UNHCR	Janis Ridsdel, Protection Officer (SGBV/CP)	Geneva, Switzerland	Interview (Staff)

UNHCR	Joanina Karugaba, Senior SGBV Advisor	Geneva, Switzerland	Interview (Staff)
UNHCR	Laura Madsen, Protection Officer, cash and protection	Geneva, Switzerland	Interview (Staff)
UNHCR	Leloba Pahl, Staff Development Officer	Geneva, Switzerland	Interview (Staff)
UNHCR	Madeleine Marara, Associate Environment Officer	Geneva, Switzerland	Interview (Staff)
UNHCR	Millicent Mutuli, Deputy Director - Regional Bureau for Africa	Geneva, Switzerland	Interview (Staff)
UNHCR	Paulette Dadey, SGBV Focal Point - Regional Bureau for Africa	Geneva, Switzerland	Interview (Staff)
UNHCR	Rebecca Eapen, Senior Gender Advisor	Geneva, Switzerland	Interview (Staff)
UNHCR	Renata Frech, Senior Protection Officer (SGBV/SftS)	Geneva, Switzerland	Interview (Staff)
UNHCR	Richard Sollom, Senior RBM Monitoring and RBM Officer in SGBV Unit	Geneva, Switzerland	Interview (Staff)
UNHCR	Ryan Schweitzer, WASH Officer	Geneva, Switzerland	Interview (Staff)
UNHCR	Volker Tuck, Assistant High Commissioner for Protection	Geneva, Switzerland	Interview (Staff)
UNHCR	Yoko Matsumo, CBI Officer, capacity building with cash	Geneva, Switzerland	Interview (Staff)
UNHCR	Constanze Quosh, Senior Protection Project Officer (SftS)	Geneva, Switzerland	Interview (Staff)
UNHCR	Elizabeth Morrissey, Protection Officer (SGBV)	Geneva, Switzerland	Interview (Staff)
UNHCR	Marcel van Maastrigt, Senior Evaluation Officer	Geneva, Switzerland	Interview (Staff)
UNHCR	Ritu Shroff, Head of Service, Evaluation	Geneva, Switzerland	Interview (Staff)
UNICEF	Franck Bouvet, Global WASH Deputy Commissioner	Geneva, Switzerland	Interview (Staff)
UNICEF	Rose Tawil, UNICEF WASH Officer	Juba, South Sudan	Interview (Staff)
UNICEF	Brooke Yamakoshi, WASH Specialist	New York City, USA	Interview (Staff)
UNICEF	Catherine Poulton, Specialist, Gender-based Violence in Emergencies, Programme Division	New York City, USA	Interview (Staff)
UNICEF	Christine Heckman, Specialist, Gender-based Violence in Emergencies, Programme Division	New York City, USA	Interview (Staff)
UNICEF	Cornelius Williams, Associate Director/Chief of Section Child Protection	New York City, USA	Interview (Staff)
UNICEF	Kariane Peek Cabrera, Emergency Specialist, EMOPS	New York City, USA	Interview (Staff)
UNICEF	Lauren Rumble, Chief, Gender Section	New York City, USA	Interview (Staff)

UNICEF	Shannon Bullock, Public Partnerships Division	New York City, USA	Interview (Staff)
UNICEF	Sonia Rastogi, GBV Knowledge Management Specialist	New York City, USA	Interview (Staff)
UNICEF	Ted Chaiban, Director, Programme Division	New York City, USA	Interview (Staff)
UNICEF	Tsedeye Girma, Emergency Specialist, EMOPS	New York City, USA	Interview (Staff)
UNICEF	Eric Dentor, GBViE Specialist, Ethiopia Country Office	Phone Interview	Interview (Staff)
UNICEF	Masumi Yamashima, Program Specialist	Phone Interview	Interview (Staff)
UNICEF	Anne Laevens, UNICEF Health Manager	Juba, South Sudan	Interview (Staff)
UNICEF	Athieng Risk, Protection Assistant	Juba, South Sudan	Interview (Staff)
UNICEF	Chandrakala Jaiswal, Nutrition Specialist	Bentiu, South Sudan	Interview (Staff)
UNICEF	Cristina Lander, WASH Cluster Coordinator	Juba, South Sudan	Interview (Staff)
UNICEF	James Aldworth, UNICEF Communications	Juba, South Sudan	Interview (Staff)
UNICEF	Jean Lieby, Chief of Protection	Juba, South Sudan	Interview (Staff)
UNICEF	Juliet Akello, Protection Officer	Juba, South Sudan	Interview (Staff)
UNICEF	Koki Kyalo, Nutrition Cluster Coordinator	Juba, South Sudan	Interview (Staff)
UNICEF	Mary Nyaliak Lou Gatlek, UNICEF Child Protection Officer, Malakal Field Office	Juba, South Sudan	Interview (Staff)
UNICEF	Mohamed Ayoya, UNICEF Representative South Sudan	Juba, South Sudan	Interview (Staff)
Windle Trust	Anthoney Onen	Arua, Uganda	Interview (Staff)
Windle Trust	Atwine Swizen	Arua, Uganda	Interview (Staff)
Windle Trust	R.C. Mahalo	Arua, Uganda	Interview (Staff)

Annex F: Stories of Context and of Change

A. Leadership: Catalysts of Institutional Change

Leadership buy-in and support are critical to prioritizing and mainstreaming gender based violence (GBV) at all levels. Both women and men leaders can be catalysts for change across the humanitarian system and including the donor community. Focusing only on senior HQ leadership will not necessarily result in systemic change. Leaders, including among refugees and internally displaced people (IDPs) and across organizations, are critical for bringing about institutional change. As a UNICEF staff member observed:

"I think it doesn't matter so much what the executive leadership says as much as what representatives do…So, the representatives are the country representatives, so they control everything at the country level…We have people who you know run the gamut, if they're checking a box for a mandatory training, that's one thing. If they're really trying to make sure their staff and partners are doing no harm and are trained and have skills, and that they're mitigating risks, that's another thing. So, you know, I think it really comes down to operationalization of the executive leaderships' commitments with leadership at the country level."

Effective leadership is more than just platitudes. Simply being in a leadership position is not the same as being effective. It's about communicating the urgency of the problem, galvanizing support, gaining trust, providing practical steps to integrating GBV into programming, and giving support to staff. When leaders at all levels are equipped with knowledge and the tools to integrate GBV, they can be powerful agents for change.

Leadership within the donor community helped to prioritize GBV, maximize coordination, and reinforce and ensure monitoring. The Department of State's Population, Refugees, and Migration Bureau played a key role in bringing together IPs in Geneva, in particular, to discuss programming, coordinate activities, share lessons learned, and raise issues.

Senior leadership support also increased over several years of Safe from the Start (SftS) funding. As a UNICEF staff member noted, obtaining leadership support required the GBV team to *"articulate what they do, what they want to do, their impact so far in the field, and how high-level support is needed to amplify it."* At the HQ and across implementing partners, support from senior leadership was critical to developing a GBV specific policy, integrating GBV into annual sector work plans and performance evaluations, and creating a Framework with actionable steps for integrating GBV into sector programming. IP staff recognized the that leadership commitment reverberated throughout the organization. *"I've noticed quite a big change on GBV in Emergencies (GBViE)…when senior management here decided to very clearly articulate that UNICEF was strongly focused on GBViE…I think getting a directive from the Executive Director saying no, this is a priority area for UNICEF, you're going to start being measured on it…I think that's the kind of, if you want change within an organization, you need to get the leader committed to it and then magical things happen, you know."*

Leadership support led to improved integration of GBV prevention. As an IOM staff member observed, one of their lead shelter managers did not initially buy into the idea of GBV mainstreaming and saw it as an aside. However, as he became more aware of the need and how GBV can make his work more effective, he had become their *"biggest champion and promoter overall. We don't even need to tell him, to suggest anything to him. He does it…He just trained more than 100 people using tools developed under SftS on good food distributions."*

In Yemen, a high-level Protection Representative took GBV seriously from the beginning because she understood why mainstreaming was so important. She understood how critical it was to:

"invite the right people to the workshop, understand how the National Action Plans being developed would be carried well beyond the workshop. Therefore, it wasn't just an investment in a workshop and then everything is finished, and everyone goes back to the operation and life as usual...So, to have support for the leadership rather than it just being everything on the shoulders of the senior managers within an operation, but really helping them to know that the regional colleagues are supporting them…So, working at every level of leadership to ensure that those who are on the ground understand they're also supported."

At the Cluster and Sub-Cluster level, strong and effective leadership was paramount, particularly for effective coordination. If the right leaders are not in those positions, coordination is weak to non-existent. As one UNICEF staff member observed:

"I do think we have a Cluster leadership issue…you're only as strong as the coordination and leadership you're willing to put into it. Usually you have huge gaps where people are not actually experts…If we're going to be serious, then we also really need to have experienced GBV Cluster coordinators."

The importance of effective leadership was evident in Bentiu when the GBV Sub-Cluster was bypassed and a mass incidents of rape were reported directly to IOM and addressed by Medecins Sans Frontieres without Cluster consultation.

Strong leadership among refugees and IDPs is essential in addressing the root causes of GBV. Building the leadership capacity of refugees and IDPs and obtaining their buy-in and support went a long way in ensuring communities were engaged and their needs are heard at the highest levels. A UNHCR field staff member gave an example of a refugee woman living in Uganda and how becoming a leader transformed her life and work.

"Before arriving in the settlement, she was just like a regular, any other woman. And then through these community dialogues that they have been doing that pertain to women she decided also to run for a seat during the campaigns. She won the seat. After winning the seat, she continued to build her capacity and through that she had a passion for protection of women. She witnessed, while in South Sudan, women being raped. She also witnessed women being harassed and she was passionate about issues of domestic violence. And through that, based on the capacity building initiatives that were carried out, we were able to build her capacity... She was eventually selected to represent refugees in the national peace talks…she is now proactive in work, and then when she went to these peace talks, she was able to articulate the issues, the challenges that they face as refugees."

This woman became a role model for other women in her settlement. She wants to return to a peaceful South Sudan where she can bring about even more change. Ultimately, when there is turnover in humanitarian staff or humanitarian aid is no longer needed, her leadership will ultimately sustain the work and impact of other leaders.

B. Finding Shared Value: Integrating GBV Risk Mitigation Across Sectors

Sectoral program managers and humanitarian staff often failed to realize that they, too, should address GBV reduction of the risks that women and girls, in particular, faced in camp and camp-like settings. In Cox's Bazaar,

"girls and women were not using the camp infrastructure...we're sinking tons of money into infrastructure, and girls and women are not using them. Children are not using them. The elderly are not using them. When you total up all those people, you have like 30% of people that are actually using these facilities, and it's just because we weren't consulting with people from the beginning. We are only looking at these technical elements."

An International Organization of Migration (IOM) camp coordination and camp management (CCCM) manager in the field explained how they initially failed to consider some risks to women and girls. *"A simple example was it's very hot in the camp so mostly men that don't work during the day are spending their time in the shade. There isn't much shade so they gather around trees, and trees happen to be in some cases next to toilets that are for women, but women wouldn't go there because they were next to the tree where only men were all day long."*

Addressing GBV risks was not only about making women and girls safer, the managers soon realized that it was about making the camp function effectively.

Mainstreaming and integrating gender based violence (GBV) risk reduction into CCCM; shelter; water, sanitation and hygiene (WASH); nutrition, and other sector operations have been essential to changing how the humanitarian operations address and respond to GBV. While directives from senior leadership called for mainstreaming GBV, it took time to implement these changes on the ground as GBV specialists grappled with how best to influence colleagues' behavior and attitudes.

One GBV Specialist observed, "*when I think of how we started off our cooperation with the WASH sector, I think they thought, 'well, you are SGBV. We are WASH. Why are you interfering?'"* Another GBV Specialist shared "*it took some learning from our side as well to understand how we should sell the GBV risk mitigation portfolio and build a very positive attitude towards what we were suggesting to do."*

The GBV experts realized that they needed to find the right entry points to mainstream successfully and that required learning and listening. Ultimately, three implementing partners, including IOM, the United Nations High Commissioner for Refugees (UNHCR), and the United Nations Children's Fund (UNICEF) used similar strategies to implement mainstreaming across sectors, including using the language of the sector, working within the sectors' own systems and results frameworks, and building capacity by providing practical tools and guidance on how to mitigate GBV risks.

Avoiding GBV jargon and instead speaking the technical language of the specific sector to communicate how mainstreaming could improve programs was important to push forward mainstreaming. As a WASH manager noted, "*we are your clients. You need to adapt to what we are doing if you want us to mainstream something that is super important about accountability, protection, safety, dignity, and equity… So, we do consider that this is something that is important. But we need them to speak our language. You need to speak our language if you want to have a chance of this being addressed."* The issue of language alignment and understanding the sectoral work feeds into the capacity building work that implementing partners would then deploy across emergencies. A GBV specialist noticed that, "*I need to use a language and I need to use training material and exercises and activities that ensure that the other side does understand. And if I come in the technical sector but only talking about SGBV, closed door*."

A second entry point was aligning results to the sector's own systems. GBV could not be just another add-on or seen as an additional burden. As one expert reported, *"Where we find successes is where we've been able to frame it in terms that are relevant to people's work and recognize they're under a lot of pressure to*

deliver for their own staff. And they're facing extreme limitations into what they're even capable of doing as a WASH person, as a nutrition person. So, trying not to come in with this extra task or this extra burden, but actually make it relevant to their work and how they're going to get the results that they want."

UNCHR's Senior Protection Officers (SPO) were deployed for an average of six months to different emergencies to mainstream SGBV prevention and response, raise awareness among for sectoral staff, and to create field buy-in for the leadership changes. They laid the groundwork for capacity building workshops focused on integrating the Inter-Agency Standing Committee (IASC) *Guidelines for Gender-Based Violence in Humanitarian Settings*. The SPOs also organized very practical training to build sectoral capacities. One reported that

"I did a training with WASH colleagues in and I noticed there was an open space in the camp and on the other side you could see latrines, so I just took them to the latrines and said, 'okay, we are looking now at latrines and from a technical perspective, these are latrines with certain technical criteria'. So, now put yourself into the shoes of a person with a disability or you are a child or are you a pregnant woman or it is night, so how do you now see the very same latrine? It changed completely their perspective."

The training for mainstreaming SGBV in turn led to UNHCR co-developing National Action Plans for SGBV mainstreaming in each and every field operation. The sectoral staff were also provided with ongoing mentoring and support by the specialists to ensure that the strategies developed in the National Action Plan were implemented well. Sectoral staff began to understand that implementing small changes in how they approached their work could have a large impact, as the following examples in Egypt, Rwanda and Uganda show.

"*One multisectoral project that I saw that were working with livelihoods and SGBV was **in Egypt, in Cairo**, in an urban setting. They were using the graduation approach, and this was one of our first attempts at integrating an SGBV objective into a traditional livelihoods program. I was there to help the team try to figure out how to monitor this. One of the first things that we were doing was ensuring that there are some protection questions that were posed to the women who were at risk of SGBV or survivors who were involved in this graduation approach to livelihoods. And so, working with the livelihoods colleagues, they finally understood, like 'oh, okay, by asking some key questions during their regular monthly intake interviews with the participants, that we could actually monitor the extent to which the livelihoods program was mitigating the risk of SGBV.'"*

*"**In Rwanda**, where we were working together with a protection colleague. We had a WASH donor who was funding only the construction of latrines. But the way they were going to construct the latrines were communal, so people would need to walk to go to the toilet. Women would have to walk to the toilet at night, which would become a significant SGBV risk because there was no funding included for lights in the scheme. We talked to the donor to say 'thank you for the donation of the latrine, but it is causing another issue. So, we can only accept this donation if you add a latrine with lanterns.' Because of the continued advocacy and work we were doing with our protection colleague; we could better advocate for the right conditions."*

*"In **Kyangwali, Uganda**, the menstrual hygiene management (MHM) project's main aim was enhanced protection of women and girls through improved menstruation management. We first had a functional team that sat and discussed on how the project should be implemented and we had a joint consultation with the Office of the Prime Minister (OPM), with UNHCR, and partners, and we project we found that Lutheran World Federation was supposed to do WASH and HIJRA was working on education, livelihood, and also capacity. All of these areas are important to preventing SGBV. During the project implementation, we first had focus group discussions with the communities themselves. We met women out of school who are in reproductive age, we also met girls out of school, we also met girls in school, and we discussed on few areas. We found that girls out of school wanted reusable sanitary pads because they are more durable than the ones that are not reusable. They also said that the incomes from the community are low and they cannot*

access more income every day, so if the pad, if their pad is reusable, of course, they can use longer. We also found that girls would drop out of school because they can't access pads, missing more than 5 days a month. Girls said that some girls at school also don't have changing rooms, even if you have your pad, where do you put it on from, you have to go back home and change and also get, which also inconveniencing them." As a result of the findings of the consultative approach, the MHM project was a collaboration between WASH, education, and livelihoods. WASH partners installed gender-segregated latrines and incinerators for disposal at schools, teachers were trained to incorporate MHM topics in school, and women's groups were trained in creating reusable pads as well as business skills, financial management and organized into savings and lending groups.

While work remains to be done, GBV staff across all three humanitarian organizations provided evidence of substantial progress in mainstreaming. Having dedicated staff to prioritize these issues helped to catalyze mainstreaming and integration. Where previously SGBV staff may have been criticized as running "interference" in the sectoral team's operations, this perception has begun to change. "*Our cooperation evolved over time, then I got all the invitations. It was more like 'why can you not participate? Could you send somebody else?'"*

Incidences like Cox's Bazaar described above could happen again, but these efforts and the sectoral staff's increased knowledge and awareness make it less likely and thus, create safer environments for refugee and internally displaced communities.

C. Progress in the Professionalization of the GBViE Field

The humanitarian community began to recognize GBV broadly as an important challenge as early as 2004, with the establishment of the *Guidelines for Gender-based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Humanitarian Settings.* This marked an important time for GBV advocates and practitioners who had been working passionately towards raising awareness of GBV as a life-saving issue that should be prioritized in all emergencies. GBV-focused mandates and activities were incorporated into the work of Protection staff. However, staff with GBV-specific responsibilities were not hired with enough seniority at the international level to implement the systemic changes required in how emergency operations approach GBV in humanitarian relief. "*Before things like gender-based violence and child protection, were looked at as being done by junior staff."*

In the lead up to the Safe from the Start Initiative investments, the humanitarian community began to coordinate more around GBV in emergencies (GBViE) with the formation of the GBV Area of Responsibility (AoR) and the 2013 Call to Action (CtA) on Protection from GBV in Emergencies. These marked key moments in the recognition that GBV response, risk mitigation, and prevention must be integrated into all humanitarian activities. To implement such a large scale effort, staff with specialized skills and appropriate seniority are required to shepherd in the institutional change. The Safe from the Start Initiative investments contributed to implementing organizations being able to hire the right staff to implement the appropriate GBV programming and coordination measures from the onset, train and incentivize sectoral staff, and support a wide array of staff and partners to approach their existing work through a GBV risk mitigation lens.

"*The seniority of expertise marked what made Safe from the Start unique at its introduction. Before, we had a scheme to get the required expertise but this was usually through a standby roster from the NGOs, which carried all sorts of insecurities around capacity and availability. That's changed dramatically, that people now acknowledge and even create positions at the P4 level for a specialist function…this isn't usually done."*

In addition to the formal roles developed to prioritize GBViE consistently within IOs, GBV Specialist staff found their own practice area had to adapt and "professionalize" in order to turn their hard-won advocacy into action more effectively.

"*Over the years, there has been a greater professionalization of GBViE shepherded by some strong professional practitioners. Many colleagues that had worked in the humanitarian sector moved into donors like OFDA and PRM, bringing with them really practical knowledge, understanding, and passion for the issue. Then there was a wave of practitioners that moved into management roles – who were able to speak professionally about the issue as a manager rather than as advocates….where sometimes there can be more passion than the technical, which fails to move managers. I remember when one of the practitioners 15 years ago was asked 'so, whats the cost?' And this person replied, 'there is no cost to a woman's life.' That person is a manager and has a finite project. In the end, the manager didn't make a funding commitment. But if they asked our colleagues today, they would be able to explain it using the managers' lens."*

The professionalization of the GBViE community extends in some cases to the national-level operations, building a cadre of GBViE expertise and practitioners with local knowledge and networks and who will, in turn. support more effective prevention and response measures.

"I think the second part of that success story is that upon arriving in country, the GBV specialist deployee advocates for dedicated staffing. We've actually expanded our dedicated staffing pool significantly. If you look at the trends and analysis, and our dedicated staff, we've installed a foundational element of change

for the institution to actually be able to better program. Because the institution has actually taken on and institutionalized a dedicated team to GBV, that's for me a significant change."

At the same time, the professionalization has been very gendered, with mostly women in GBV-specific senior positions at HQ level. While this has certainly created important openings and career paths for women professionals, there is a fear that given the male-heavy humanitarian system, this career path may lead to hitting a glass ceiling and create assumptions that female executives should and are more likely to take up and prioritize GBV over male executives. "*I still think that the humanitarian system is still very male heavy so they still think that GBV is a woman's issue, for a woman to deal with. That's part of the broader structural changes that we need to bring on."* While work has begun to address these perspectives, additional cultural/attitudinal change will be needed to bring these changes.

However, for some positions, given the nature of the work and comfort of survivors (who are most often women and girls), it continues to be important that they are filled by women. *"I think for some of our positions, for example our case management capacity building positions, we're pretty clear in that we want to choose women because they are having direct interaction with national staff that are providing case management services and just that dynamic feels more appropriate and more comfortable if it's a woman."*

While many factors have led to the rise in importance of GBViE and the recognition that a shift in current practice is required – widely acknowledged that this change will take dedication and time – the professionalization both institutionally and as a field is an important step in reducing risks and increasing access to services for survivors in emergencies. The seeds of change are starting to be seen outside of the GBViE community, "*we see, for example, that sector representatives have GBV on their radar*." Funding for dedicated staffing can be challenging to 'sell' to donors who want to see quick results that are directly attributable to their funding. "*For this, we appreciate that PRM and others saw the need for dedicated staff and invested in it. Whereas, you have all the donors who either for political reasons or they want the numbers, are more likely to invest in specific projects*." As the field continues to be professionalized, it will continue to require commitment and support until it becomes an intrinsic responsibility within the humanitarian ecosystem.

D. The Challenge of Early Marriage

Early marriage remains an ongoing risk for young women according to South Sudanese internally displaced people (IDPs) and refugees in Uganda, but there is a difference in attitudes and beliefs between the two populations. While rooted in deep cultural norms and traditions, this practice has been exacerbated by conflict. High levels of conflict-fueled poverty and food insecurity create an environment where early marriage is seen as an alternative form of income. As one International Organization for Migration (IOM) field staff noted, *"cultural practices that you look at and you realize that this is really gender based violence and coupled with the security situation which has now led to too much poverty, girls think once I get married then my family has a source of income."* Another IOM field staff reiterated that being married in their culture *"brings pride to the family…it is pride, but it is now a financial thing."* Because men are obligated to give a dowry or bride price - often paid in cattle or cash - to marry a woman, families who have little to no income or opportunities for income, may force their young daughters to marry early for the dowry.

The attitudes toward early marriage in the IDP setting in South Sudan appear to be more accepting of the long held practice. For example, if a teacher has sex with one of his underage students, it's not *"traditionally understood as rape"* as long as the teacher marries the young girl. Girls are taught at a young age that their value is directly tied to their ability to get married.

"I am telling you here that a girl by 18 years, if she is not married, then by age 20 you are a disgrace for the family. You have to be married if you are going to add value to the family. If you are not going to get married at 25 years your value is lowered. At 18 your value would be 50 cows, then at 25 your value is 20 cows, and which father wants to have less for his daughter? So, the culture, norms and the traditions in ways are complimentary of this GBV…I have a number of young girls who are my friends and you see it in them. They say they have to get married next year as if they have been brought up to think like that. So even if the father doesn't force the girl to get married, at 18 years old she is already putting herself under that pressure that she has to be married."

Implementing organizations (IOs) have begun to implement programming to tackle this issue in South Sudan such as through the Girls Education in South Sudan where a cash transfer for girls who are within their menstrual age is given to encourage them to stay in school. Students have also been trained on their rights and GBV clubs have been formed to help raise awareness in both contexts. Clear referral pathways have led to a decrease in early marriage, as one United Nations High Commissioner for Refugees (UNHCR) field staff noted, *"I was very impressed at how many times the referral system helped to stop early marriage. I witnessed it personally. A girl approached a female teacher in school asked her to help her because her parents were forcing her to get married. Our protection colleague and partner worked with her parents and actually convinced them to keep the girl in school. The father actually decided to give the dowry back."*

While these programs are making important strides, the lack of action and a cohesive legal framework from the Government of South Sudan on this issue as well as long-term, sustainable programs to address these pervasive attitudes and norms continue to place young women at very high risk in South Sudan.

In Uganda, the risk remains, but attitudes and behaviors have shifted in part due to the Ugandan Government's legal framework where perpetrators face fines and imprisonment and the donor and development communities reinforce that by focusing on tackling the root causes.

Early marriage (before 18 years) is unlawful in Uganda. The Ugandan Office of the Prime Minister (OPM), in collaboration with IOs has developed and deployed within the settlements a system of mobile courts (also being tried in South Sudan) to try such cases to avoid long delays in prosecution while engaging the refugee population in the process and informing them of their rights. These courts provide some protection for girls and young women who may not want to be married, mostly after the fact.

"*We [protection partners] work very closely with the magistrate and when we do the mobile courts, we sensitize. When the magistrate says something to the community, you always realize that people listen to her or to him a bit more. In addition, our community structures are kind of like the best thing that happened to us. They will stand with us and they will report cases and they'll give you feedback and they'll call you and they'll make sure cases are followed up. It's because of them, really, sometimes that we stay on top of many of these cases. And what is interesting is that we have more children reporting about other children, in the cases of early marriage, than we do adults.*

Early marriage, in particular, continues to be an issue with the refugee population. *"Another challenge is early marriage, which they are supposed to report, but this is often concealed. The leaders will conceal this. The relatives will organize it. It happens less than it used to, but we still don't always find out about it."* Community-driven initiatives supported by IPs have shown success in transforming cultural norms and practices among refugees in Uganda. Field-based protection partners have *"witnessed a reduction in these cases"* as they set up these community based structures, but it is an ongoing issue. Interestingly, those who more often report cases of early marriage or potential cases are young people and children demonstrating a generational shift in values and attitudes toward the practice.

Using the Start, Awareness, Support, and Action (SASA!) approach, UNHCR's programming has focused on engaging and mobilizing the community, empowering women and children, and educating women and men on gender equality. When discussing this approach, one field protection partner noted:

"I think we've witnessed a change of mindset over the years…But I think we are witnessing, in our time, a change in the mindset in the way things are perceived, people are a lot more open-minded now. We still have a bit of rigidity, but I think the community is more understanding as to the laws of giving equality to all persons, and also to the fact the SGBV is a real thing that actually effects their community and their families…The majority of the things that were started with the Safe from the Start funding we still have because that is what has worked."

As one educated refugee woman, who had grown up in the Uganda settlements, described how their own values and expectations had been changed from the refugee experience. She reported that her generation no longer tolerated being forced into early marriage and she would not put up with spousal abuse. Young women in school also asserted their knowledge of early marriage as a risk to their education, indicating increased awareness that is crucial for effective community-based reporting.

While a different environment than IDPs in South Sudan, refugee settlements in Uganda are an example of how tailored, community-based development initiatives in a protracted emergency can shift the attitudes and behaviors of communities and individuals to prevent GBV, including early marriage, more effectively. Additional factors that also contributed to this change are the creation of referral pathways and shelters, integration with the local community and adoption of their attitudes, practices, and laws, and access to secondary education with the possibility of university for girls.

E. Youth Engagement in GBV Prevention Through Drama

The creative arts, including expression through drama, offer an important outlet for individuals who may have experienced trauma. Trauma can haunt those affected and manifest in behaviors that are unhealthy, dangerous, and at times, volatile. Recognizing that trauma is experienced not only in the mind but also in the body as a result of biological responses to danger, pyscho-social experts around the world are complementing clinical psychology with alternative methods of treatment including yoga and theater. Through the support of trained facilitators, dramas can be avenues to act and experience past or ongoing traumatic themes and "act" out responses in a safe environment. At the same time, if trauma is experienced similarly or collectively, dramatic portrayals in a community can form solidarity, spur difficult discussions, and raise awareness around key issues.

In the Ugandan refugee settlements, refugees from South Sudan have experienced significant trauma including surviving gender-based violence and violent conflict and witnessing deaths and suffering. While the Ugandan settlements provide protection during displacement, there are limited livelihood, education, and recreational opportunities. Young people in particular, suffer at the hands of idleness and inactivity. In 2017, the Safe from the Start Initiative funded a 3-month pilot project in the Bidibidi refugee settlement in Yumbe District, called the "Youth Theatre of Joy," which was implemented by Windle Trust and assisted by UNHCR's Senior SGBV Protection Officer (SPO) during a 6-month deployment. Targetting specifically adolescents and youth, the project established theater groups to engage the community around key GBV issues and experiences. It also employed a training of trainers (ToT) model, to allow high-performing young people in the program to train others in their community in the hopes for sustainability. As of July 2019, the youth drama groups are very much active in Bidibidi and have been subsequently replicated in other refugee settlements, including Rhino Camp in Arua where the home-grown youth-led community based organization, the Youth Social Advocacy Team, runs a similar theater program.

The themes portrayed by the drama groups have included domestic violence with titles such as *A Real Man does not Beat a Wife*, boys and girls equal rights to education such as *Education for All*, and sexual and physical violence. As partners from Windle Trust shared:

"*The plays present issues that young people identify in the community. We don't provide solutions or recommendations. A drama group presents a problem to the community in the effort to open their eyes and say to them 'Hey, this is happening in our community, so what can we do?' The whole community is there – leaders, police, parents, teachers. The drama gives the opportunity for them to come together and discuss, in order to find solutions."*

Partners described the mixed reception of the different themes portrayed in the dramas by the community, ultimately sharing that they always spurred a conversation.

"*At first the community could not believe what they were seeing. These are young people, how could they know what we go through? The reception wasn't always positive. Even still, the youth would try to stimulate conversation around the issue and see how best they can respond to critiques."*

A turning point came when community leaders started sharing their parallel stories, relating it back to the drama they had just witnessed. Once some well-respected community leaders started doing this, other community members began opening up sharing story after story. They had created a platform through which they could speak about these issues as a community. While it may have taken some time to get from the drama to the discussion, the partners, youth and community came to realize that this was part of the process.

"*Previously, the community was not given a platform to also speak out and contribute to positive change. Through this drama, community members got an opportunity. Everyone was able to raise their issue and voice related concerns. I think the drama provided that platform*."

Where other community engagement activities, such as community consultations and community structures, may reach smaller groups of activist-minded individuals, who may already be endowed with leadership qualities, the platform created by the theater groups was more egalitarian. It welcomed active participation by anyone in the community through the attraction and promise of entertainment. In this way, the theater groups are able to divulge key messages and process traumatic events with audiences who may not engage in such discussions otherwise.

In addition to the youth theater groups benefitting the community through therapeutic self-reflection and awareness raising, theater activities have the potential to profoundly impact the youth performers. In an environment with limited productive or recreational opportunities, some groups of young people in Bidibidi started becoming restless and engaging in illicit activities. Youth gangs and cliques began to form in the settlement's villages, jeopardizing the village's safety and security with the threat of gang-related activities. One such nascent gang called themselves the "Burning Squad", for their use of fire in criminal activities. Burning Squad was in its early days of gang formation, promulgated by a lack of things to do and general boredom. Windle Trust learned about them and felt their energy could be harnessed for positive activities.

"*We intervened with the Burning Squad. We realized they were actually dancers! But because there were no spaces for them, no activities for them, and their general idleness, they spent most of their time talking, thinking, and spending time with one another just thinking negatively. Encouraging the negative thinking. So we helped them form a dancing group and helped them have a space for practice."*

Burning Squad has not changed its name, but they have changed its meaning. As a dance troupe supported by Windle Trust's youth theater program, their energy has been harnessed towards the positive activities of dance, performance, and awareness building. They are well regarded as a fun dance troupe in their village, that now uses fire as a part of their stage routine. When they come on stage, they chant "burn it, burn it, burn it!" but it no longer means to burn anything in particular – now, they are referring to their dancing skills burning up the stage.

The positive change experienced by the communities with youth drama programs reverberated across Bidibidi and was expanded to all zones. The small investment of funds and training provided over the initial three months, has been returned on many times over, demonstrating the impact of investing in youth to enact positive social change through building upon their existing assets. The theater groups continue to raise community awareness around GBV and are also able to take on other issues of importance to the community through drama.

F. Livelihoods in Bentiu

A livelihood in Bentiu POC, South Sudan, particularly for a single woman household head, is critical for being able to purchase enough food, medicine and charcoal for her family in the camp or neighboring markets during periods of shortage. Camp subsidies and provisions, particularly fuel, are often insufficient during the rainy season and long droughts. Leaving the camp puts women and girls in danger of abduction and rape. As a humanitarian worker observed, "*men can go outside, they can earn an income. The women, if they go outside, they are really more in danger, especially if they go to isolated areas."* For both men and women, livelihoods inside the camp are important for avoiding a sense of helplessness and enforced idleness while waiting for "durable solutions".[22] Women also reported that men are more likely to drink and take drugs when they do not have work. Substance abuse, in turn, has led to domestic violence, particularly when men take household provisions to feed a habit.

Most women in Bentiu POC have no work outside the home and providing for immediate household daily needs (food, water, fuel) and taking care of children and elderly can be a full time job. In their origin communities, women's work outside the home is primarily in agriculture, cattle herding, firewood collection, and small retail activities and trade. Their main economic contribution is through the bride price paid by the husband's family to the women's, with cattle, which must be restored to the husband's family if the marriage dissolves.[23] Acquiring large herds of cattle is a sign of wealth and prestige and cattle therefore are not necessarily sold for meat as they are the "Bank" for South Sudanese. A young man who does not have cattle – even with a good job – has few marriage prospects and cannot afford to wed.[24]

Since Bentiu POC is effectively a small city with limited space for agricultural plots, many women are interested in learning other skills and livelihoods. Some older women fearing that they could not work without education, attended adult literacy classes. The IOM camp managers developed their livelihood support in response to a specific demand for camp shelter. The IOM manager explained why the livelihoods program was initiated and how it had evolved:

> *We asked ourselves, 'What should we do in the POCs, because it's very hot with the plastic sheeting? What can we do?' and we asked the community. The community said, 'more grass thatch would be wonderful.' We reluctantly did it because thatch can be a fire hazard as well, but that's the only natural resource that is available in this country. But then we asked, ' how do people access the grass because they cannot get out of the POC?' A couple of traders who used to do business but were no longer doing business, are in POC, so we asked them, 'Would you be interested in doing more business?' They said, 'yeah.' So, we said, 'we will pay you up front, but what you need to do is through your contacts, get grass into this POC and you will train people.' And then we asked the women, 'Can you weave thatch with the grass?' The thatch could be used for temporary shelter, because normally our shelters are made of plastic sheeting and you can put thatch over the plastic. We also provided some training for women and boys to make bamboo thatch, which the women in the community shelters needed because they had only plastic sheeting partitions and didn't feel safe. Anyone can cut the plastic and break in. So, they said they wanted bamboo thatched partitions all across the shelters and we said fine. They also started making bamboo fencing too, so that was fine. We did two rounds of this trading where traders were encouraged and we paid them to bring the grass. We would have done it directly but that was not*

[22] IOM (2019). Resilience and Durable Solutions. https://www.iom.int/durable-solutions-and-resilience
[23] Iffat, Idris (2018) "Livestock and Conflict in South Sudan." K4D. University of Birmingham. https://assets.publishing.service.gov.uk/media/5c6abdec40f0b61a22792fd5/484__Livestock_and_Conflict_in_South_Sudan.pdf
[24] Conversation with young South Sudanese male working for IOM (July 2019).

the point. The point was to encourage economic activities between people living in POC and outside of POC, that was the hook. You won't believe it. Six months down the line, these guys are traders inside and they have again opened up shops outside.

As her narrative suggests, the IOM manager organized livelihoods' support and training to respond to a specific camp need. In supporting other women's livelihoods, she was equally pragmatic. In each case, IOM supported ventures that addressed a need or gap and demand in the market and recruited entrepreneurs with the skills and/or experience and drive to launch and sustain viable ventures. The manager had no time or interest in trying to persuade or train women to become entrepreneurs when they had no interest or capacity to start ventures and where they could not sell their services or products in the local market. Some of the women venture owners included:

Beauty services are offered by two young women, who used to do women's hair tresses in their home community. IOM provided initial building materials and equipment so the young women could open a small stall in the market. For the past two years, they have provided services for artificial hair, dry cleaning of tresses, nails, and tattooing. When a fire swept through the market, their stall burned down and they turned to providing services in people's homes. The previous day they had 12 customers and earned SSP 5000 ($38.38), of which SSP 1000 ($7.68) covered supplies.[25] They use some of their earnings to buy supplies in Rubkona, the nearest town, where traders bring products from Sudan. Averaging ten customers a day, they earn between SSP 1000 – 5000 daily. They have a national ID, which will allow them to work elsewhere in South South Sudan. They contribute a small (unspecified) percentage of their profit to "*assist vulnerable groups."*

A young woman, charcoal trader, buys bags of charcoal at the camp gates wholesale from the outside male suppliers, who "*only sell the charcoal in large bags"*. Prior to coming to the POC, she *" would both make and sell charcoal from firewood and as a result, knows charcoal quality and that is why it makes her a good trader."* She redistributes the charcoal into small bags, which she sells in the market and to people directly. She wanted to be a trader *"because there are many vulnerable groups to be supported, which gave me the idea to support people who are doing business."* As the single household head, she currently supports 12 children and "*some orphans*". She also has a national ID.

A young single woman with a tea stall in the market, *"had no choice to go and sell tea*" as she faced *"challenges at home."* However, men coming to her tea stall in market see her as fair game and think that she only sells tea to "*go and find men so they take advantage of my job."* In describing the situation, she said that she had learned ways to handle the men's harassment and was proud of her tea shop. The IOM manager observed: "*if you're a woman who is actually running your own business in the camp, you have to really negotiate because the men assume that you're looking for something else, not about profits, not about money."*

As in many developing economies, a bakery business is highly successful. Before coming to Bentiu, the baker had worked as a cook. She, too, had lost her shop during the market fire.[26] After her bakery burned down, she formed a cooperative of 15 women, who baked two sizes of bread loaves in their homes, which she then sells in the market. As she explained, "*A big loaf can get 50 and a small, 20. I pay 500 to each woman/day and they each produce 100 small and 50 big loaves."* After the fire, she also bought some new equipment. Even though she faces serious competition from other bakers and sellers, who are mainly men, her venture is highly competitive. That morning she had turned over SSP 6000 ($46.06). She attracts new

[25] UnitConverters.net (2019) https://www.unitconverters.net/currency/ssp-to-usd.htm. Rate on October 11, 2019.
[26] The fire was started when another bakery caught on fire in the early morning and many were asleep at the time.

customers with a baker's dozen and price cutting. She buys supplies from outside traders from Sudan and reinvests her profits to ensure the business continues.

A group of older women started a tailoring cooperative of 100 women, who rotate between collecting firewood and tailoring. Before coming to the POC, they lived in different places and were employed selling tea, cooking, farming, collecting firewood, and farming. The women repair and sew clothing and school uniforms, which are purchased by families and IOM. IOM provided the women with the initial material and sewing machines. Before the fire, the women also had a shop in the market and currently work out of a temporary community shelter near a main camp road. One of the women is the cooperative treasurer. She reports that they turn over SSP 4000 ($30.70) on a good week. The women compete by cutting costs and buying supplies from Rubkona traders to undercut their competition. They started the cooperative because, *"as we were going to collect firewood for charcoal, we saw that there are many people suffering, that's why we came up with this idea to support this vulnerable group."*

The tailoring cooperative members raised the issue that many women, particularly older ones, lacked national IDs and could not be officially employed. The National IDs could only be obtained in Juba and they did not the funds or time to travel that far. The women ensured that the international and Government visitors heard of their concern and shortly after that, the Government started issuing ID's in the capital town of Bentiu.

The IOM manager observed that investing in women's livelihoods has been a good investment because, "*even if there is a man in the household, if the international organizations want to support the people who are doing it all, that's the women,'* and she recommended *that "what would make the most difference [in reducing GBV] in terms of now and the future is more access to non-food items to start businesses."*

Annex G: Data Collection Instruments

A. Key Informant Interview Protocol

Information about the Interview and Informed Consent

📖 Note to the interviewee that you will be recording this interview, inform them that we're going to inform them about the interview and evaluation, and record their affirmation or negation to participate.

🗣 *Thanks for making the time to take part in this interview. This interview is part of the data collection leading to an evaluation of the Safe from the Start Initiative funded by the U.S. Department of State.* [Skip if they know SftS] *If you're not aware of SftS, it's a policy through which DOS funds activities to support gender-based violence prevention and mitigation strategies in emergency settings. We work for a company called Resonance who has been contracted to carry out this evaluation. This interview will provide use with critical information needed to improve the Department of State's initiative so that investments are as strategic and impactful as possible. Given your role as* _____ (staff of SftS implementing partner, GBV expert, etc.) *your experience and perspectives are important to understanding how GBV prevention and mitigation is being incorporated into your organization's work or prioritized.*

We realize that answering these questions are an imposition on your time and thank you for agreeing to talk to us. The information we collect will only be shared with the individuals charged with managing the program and will be used only for the purposes of the evaluation, with the goal of providing recommendations to DOS. Your name will not be associated with the information and anything that can be used to connect your name to information that you share with us will be removed. Please feel free to be open and honest with us. If at anytime you have questions or concerns, please stop the interviewer so that she can respond.

Do we have your permission to record the interview and use the information from this conversation to help inform the evaluation?

Do you have any questions or concerns about this before we begin?

Interview Questions

📖 Record basic and sociodemographic interview information in interview records log, including:

- Date of interview
- Location of interview (Geneva, Juba/Bentiu, Kampala/etc.)
- Organization interviewee is affiliated with
- Sex of interviewee

1. Can you tell us about your involvement with Safe from the Start since the beginning (and/or with addressing and redressing gender-based violence)? Why and how did you become involved in this issue?

2. What do you think is most needed (or most effective) to address gender-based violence from the onset of an emergency and in protracted emergencies?
    a. What has made the most difference?

3. Can you share with us examples of how your work and/or involvement in this issue has led to a significant or important change - this change can be organizationally, personally, programmatically, in terms of results or in any change you think is important? If you can, tell us how this happened (who was involved, how it happened, what changed).
    a. Why do feel this change in particular is significant?

4. Has your involvement changed your own thinking about and engagement in gender-based violence? In what ways?

5. What are the main barriers, obstacles, hindrances and challenges to addressing these issues in your immediate work, your organization, internationally and on-the-ground? [Prompt with asking them to think about these issues in terms of a SWOT analysis?]

6. Who do you most directly interact with to coordinate and/or support one another for tackling GBV?

7. What would be your recommendation/advice for making a difference in addressing and/or redressing gender-based violence ahead?

B. Online Questionnaire (Survey Monkey)

Hello!

As a participant of the MGBViE training, organized by the International Medical Corps (IMC), you have been selected to take part in a brief eight (8) question survey. This survey is part of a larger external evaluation being conducted by Resonance and its partner the Navanti Group, of the U.S. Department of State-funded Safe from the Start (SftS) Initiative. This Initiative provides funding and assistance to humanitarian organizations to address gender-based violence (GBV) prevention and mitigation in emergencies. The IMC-led MGBViE training, in which you participated, is one of the major SftS activities

If you chose to respond to this survey, your answers will be kept completely confidential and used only for evaluation purposes. The goal of the evaluation is to provide recommendations to the Department of State for the future development of the SftS Initiative.

Thank you in advance for considering this request. If you are willing to take part in this survey, please know that your input is valuable and will help to inform the future direction of the Safe from the Start Initiative.

****

Name (optional):
Profession:
Organization:
Gender (optional):
Age (optional):

Please feel free to elaborate on these questions as little or as much as you wish.

(1) Why did you decide to do the GBV training?

(2) How have you used your GBV training? If you have used it, can you provide some concrete examples or a story of how it was used?

(3) In what ways (if any) has the training changed or helped the way you / your organization approaches GBV in emergencies?

(4) Could you describe your experiences with e-learning, in-person training, mentorship program and/or Area of Responsibility (AoR) community of practice? What did you like or not like about these different activities?

(5) With which organizations and individuals from the SGBV community, are you involved in your work?

(6) How, if at all, has work on SGBV affected your career opportunities?

(7) How has your work made a difference?

(8) What more is needed to prevent and address GBV in emergencies most effectively?

Thank You!

C. Focus Group Discussions

📖 Note the number of individuals participating in the activity and record their name, sex, and age. Share the purpose of the meeting and what the evaluation is seeking to accomplish. Divide the group into small groups to prepare for the small group activity. Distribute to each group a piece a sheet of flipchart paper and provide the instructions for completion.

🗣 *We're going to put together a chart in your small groups where you tell us about key moments in time where you experienced a particular emotion. First, think about what emotions – positive and negative – which you have felt strongly over the years. We'll brainstorm these together. Then in your small groups, identify key moments in each box where you felt this emotion strongly. We'll be focusing on the past, in whatever time you think. The present, or now. And the future, wherever you think beyond today and tomorrow.*

Chosen Emotion	**Past**	**Present**	**Future**
Positive (happy, peaceful, motivated, hopeful, etc.)			
Negative (angry, worried, sad, frustrated, etc.)			

ANNEX H: PHOTO ESSAY

A. SOUTH SUDAN

The evaluation team travelled to South Sudan from June 18 through June 28, 2018 to conduct interviews with field-based staff at IOM, UNHCR, and UNICEF. From June 19 through June 23, the team travelled to Bentiu POC, managed by IOM. During this visit they met with IOM camp management staff and IDPs to learn about the camp's GBV risk mitigation and response activities while also assessing IDPs experience as it relates to their safety. The following is a visual essay of the Bentiu POC fieldwork experience.

Bentiu POC is occupied by more than 105,000 IDPs and served by a total of 43 partners, including seven UN agencies, 23 INGOs, and a mix of CBOs and national organization.

Bentiu POC is prone to flooding following periods of intense droughts. The dry soil does not easily absorb the rain that comes August-November. IOM has constructed a good drainage system, including a lake, but the climate volatility strains the system. During rainy season, criminal behavior reportedly increases. A major risk in the POC is the lack of space – the camp is meant to serve 60,000, placing a strain on all facilities and services, increasing risks. Other risks faced in the POC include porous fences, vandalism, criminality, insecure resources, and assault.

The evaluation team met with women community leaders, including representatives of the Community Watch Group and the Community High Committee (CHC), women participating in livelihoods programs, and women in education. Watch Groups provide community-level protection and security, and are trained in the referral pathway, but face retention issues that hinder training. The CHC is the representative community advocacy group and voice.

"*Let me share some examples of things women face – women are jobless and women can be assaulted when collecting firewood. For men, it's easy for them because whatever jobs come from NGOs, they are the ones to get it, not women."* – IDP woman interviewee.

Bentiu POC has an active market with various stalls including food, clothing, tea, pharmaceuticals, and bread. Risks in the market include thefts and fires, as was recently experienced and evidenced by damages.

The evaluators met with women who owned businesses that provided salon services, charcoal sales, tailoring, and baking who reported earning a decent income. While a source of income for many, the women assert a need for others to engage in safe livelihoods. "*We have businesses but there are people who are doing nothing, and they need support."* Women will collect firewood as an alternative and face greater violence risks.

The POC provides services women may not have been allowed to access in their home communities, such as adult education. "*Before we were in the POC, we did not receive an education." "We had education outside, before the crisis. But only boys went to school. Here education is free so the girl child can go*."

In the FGD with men, the evaluators heard of the importance of education and access to jobs. When talking about women's leadership, it was evident than the men were challenged by it and doubtful around incorporating women into decision-making, despite affirmations of equal abilities.

Evaluators visited the mental health and psychosocial support unit, a key link in the POC referral system.

"*Women didn't have freedom to move or to work, but now in the POC we have freedom. Before, our husbands would beat us and no one challenged them. If a husband beats his wife in the POC, others will come and ask 'why are you beating this woman'."*

Bentiu POC is considered a highly challenging work environment, even within South Sudan. Humanitarian staff on long-term assignments have reportedly lost weight and shoulder emotional stress. Local national staff working in CCCM and other camp management functions, are primarily male. To unwind, they engage in sports and other recreational activities.

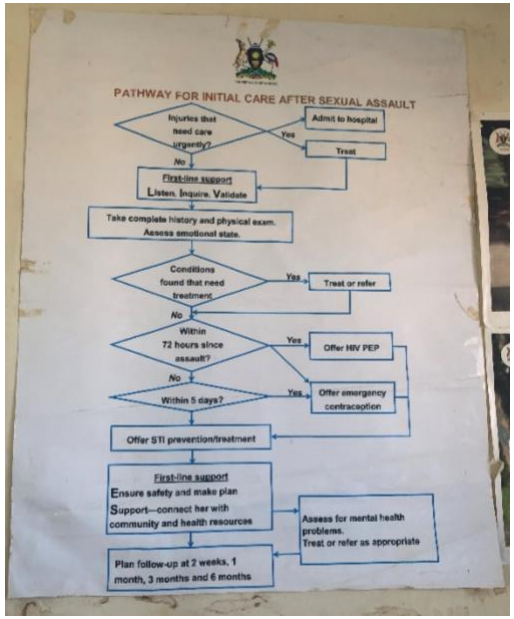
B. UGANDA

Following South Sudan, the evaluation team travelled to Uganda from July 1 through July 12, 2019 to conduct interviews with field-based staff with UNHCR and partners. After two days in Kampala, the team travelled north to the refugee settlements in Adjumani, followed by the settlements in Arua, and ended in Kyangwali. The settlements are coordinated jointly by UNHCR and OPM, with implementing and operational partners providing direct services to refugees. The following is a visual essay of the fieldwork in the various villages within the settelments.

Uganda's progressive refugee policy includes (1) open-doors to asylum seekers, (2) relative freedom of movement and employment, and (3) a plot of land for families. Contrary to the shelters characteristic of camps, Uganda, now in a largely protracted situation provides refugees with the materials to build their housing in rural areas. On the left are the preferred housing of South Sudanese refugees settled in a village in Adjumani, while on the right is the preferred housing design of Congolese refugees, settled in Kyangwali.

The evaluation team first visited Pagirinya, a settlement with a population of more than 35,0000 residents and the second largest in Adjumani (203,000).

The SGBV referral pathway billboard above was displayed at various points in the village, including by the Pagirinya primary school.

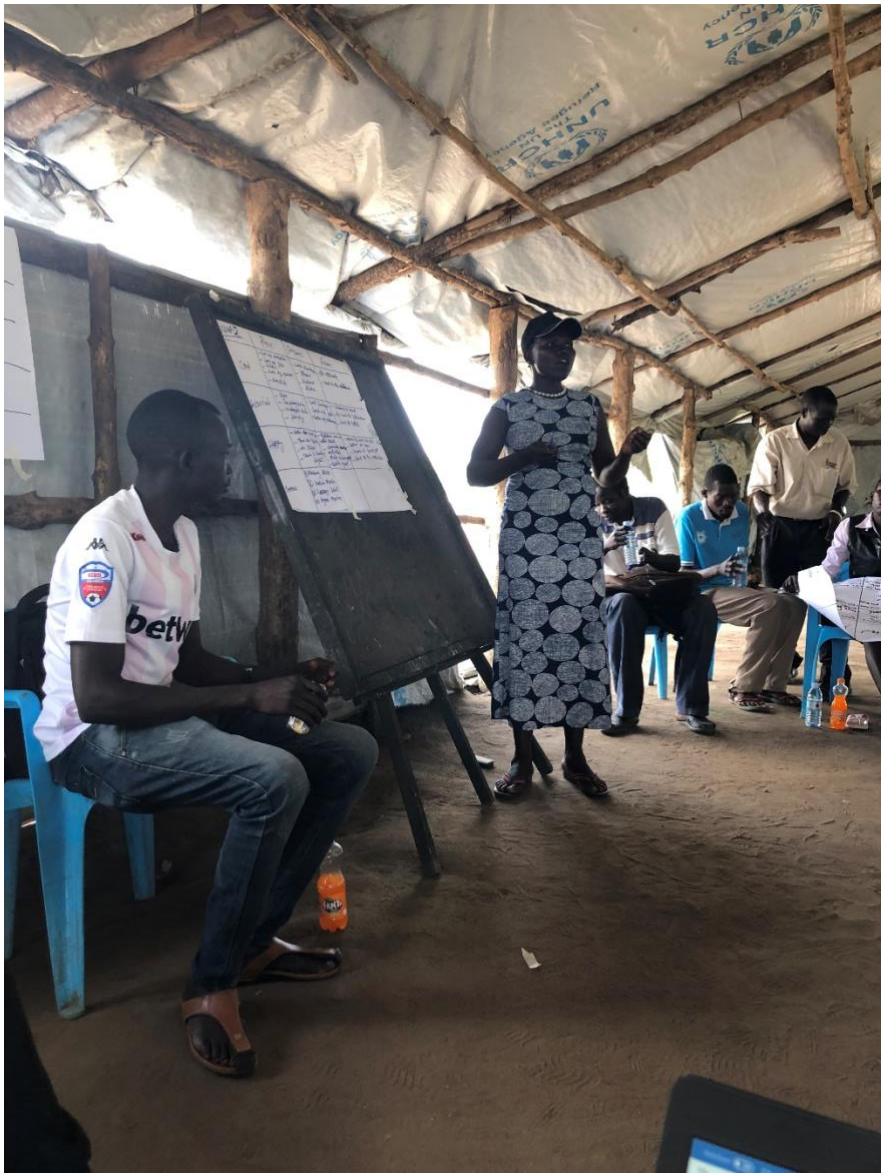


The team visited the local clinic and saw additional guidance prominently displayed for initial care. Staff revealed challenges related to follow up visits and sensitization of medical staff.

The Head Teacher of settlement school demonstrated to the evaluation team the separately constructed teacher housing, segregated by sex. As well as the distance between classrooms and latrines, and distance between boys and girls.

Settlement schools, which are part of the formal Ugandan education system, all provide SGBV clubs. Boys and girls participate in the clubs and activities range, such as menstrual hygiene management and constructing and learning about reusable sanitary pads.

In Maadji 2, which has a population of more than 16,000, the evaluation team conducted its first FGD with community leaders, SASA activists, and youth pyramid members.



"*In the past, SGBV was rampant. We believe we are on the right path."*

In Maadji 2, young people trained in SGBV awareness as a part of the Youth Councils model, capitalized on the influx of solar-powered electricity and grew a youth-led enterprise. Current services include charging stations and sports or other viewing events in the hall. As a safe space, alcohol and drugs are not permitted in the video hall. Due to cultural perceptions on intermingling of the sexes, young men are the primary patrons of entertainment activities. The socially oriented enterprise is considered to be particularly successful at curbing the endemic of youth idleness present in the settlements.

The evaluation team travelled next to Arua, to Rhino Camp, which has a total refugee population of over 104,000 and visited two villages – Ocea and Odobu – to conduct FGDs with SGBV Watch Group members, youth groups, and community leaders.

"*We're now interacting and co-existing, refugee and host communities, very well. In order to get SGBV to 0, we need to work together with the host community, so they can help educate. SGBV is not only a refugee problem."*

A youth-led and youth-serving CBO grew out of the Youth Pyramids approach, which today provides services to youth such as drama independently from UNHCR and its partners. Youth Pyramids were set up as community structures to support SGBV awareness, prevention and mitigation.

Rhino Camp began installing solar lights in 2016 and trained youth to repair them. "*Before we had no lights, we were robbed, bitten by a snake, raped…Now we feel safe the way we want*." It is clear that the lights are important to prevention and to refugee feelings of safety. Refugees across all settlements cited repeatedly the need for additional lights.

"*When a woman has bruises, she will say, 'I was stung by bees.' She won't say 'I was beaten by my husband.' Some people still feel shy because this is our culture. A girl of 15 or 16 years will be forced to marry a man of 100 years but cannot refuse because this is my culture. The trainings are empowering women like me – we talk freely, about SGBV and prevention. We participate in the community, even when some aren't ready for women to participate."*

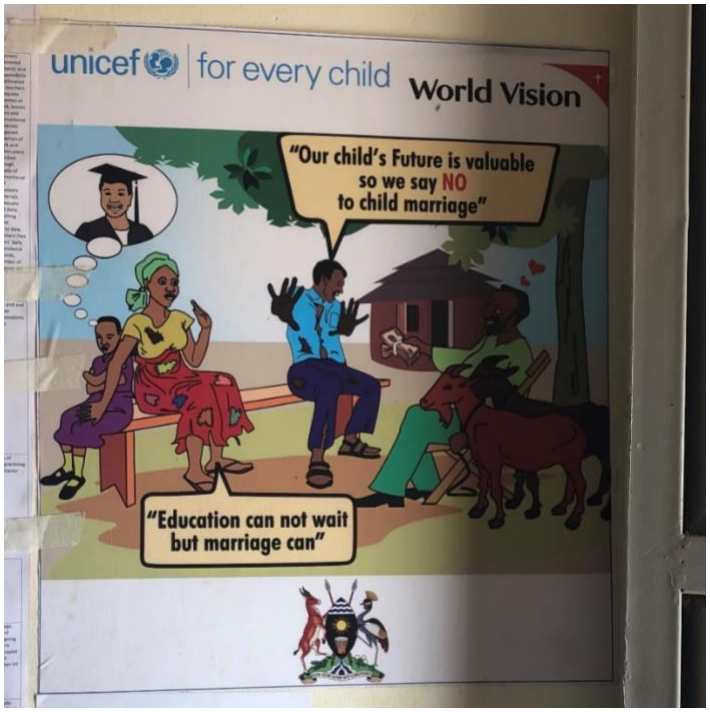
The evaluation team's final field visit was to the Kyangwali refugee settlement, which serves over 94,000 refugees primarily from the Congo.

Even through refugees live in very settled communities, they still depend on food distribution from the WFP. While settlements provide plots for farming, as crowding increases there is less land available and forests are already in an advanced state of deforestation. Some Congolese refugees also lack agriculture skills. "*I used to live in Goma, my family did not farm, and now as a refugee, I must farm.*"

As relayed by staff, food distribution days also carry GBV risks, particularly domestic violence as men are using the food subsidies to exchange for alcohol.

Kyangwali-based partners implemented a seven-month pilot project between the WASH, education, and livelihood sectors to improve menstrual hygiene management (MHM) for girls in school, out of school youth, and adult women. Kyangwali's limited livelihood opportunities and lack of appropriate MHM education and facilities, increase GBV risks including school dropouts. Partners worked to increase MHM awareness in schools and key stakeholder group, such as boys and parents, as well as install the right facilities for sanitary disposal, washing, etc. Women in the community were trained in tailoring, financial management, and business skills, in order to develop and sell reusable sanitary pads as demand and awareness increased.

Partners conveyed that they are facing challenges with the product and market development side of the livelihood activity. They also cite that materials could be improved, and IO partners continue to be a large purchaser of the pads for distribution to young women.



The Kyangwali secondary school serves over 600 students, half of whom are refugees from the Congo or South Sudan and the second half are Ugandan nationals. The school has a dormitory for girls and one for boys.

When asked what can organizations do to help keep girls safe, the young women responded "*teach parents about the advantages of educating a child, particularly a girl*" and "*provide scholastic materials and sponsorships, because parents think educating a girl is a waste of money and boys are favored with materials*." The young women expressed increased concern about being able to finish their education, the prospect of a sudden marriage, and the lack of material support openly offered by parents. The young women expressed future career ambitions to become social workers, guidance counselors, nurses, lawyers, engineers and drivers. Several also relayed the impact of the menstrual hygiene management support and awareness they have been receiving at the school – for those with nursing and social work ambitions it has had an impact on their educational pursuits.

"As a nurse, I can help people and I can help also by teaching girls on how to manage their menstrual cycle. When they are in full menstruation, they fail to come to school because of too much pain, but I give them courage."